MARGIN RESERVED FOR BINDING

A15A - 5 - 53

VS.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TANK T THE PARTY			,		
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No 332

MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH No. 332	2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Wicomico MARYLAND	state Maryland county Wicomico	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Salisbury  LENGTH OF ST (in this place)  All life.	CITY (If outside forporate limits write RURAL and give nearest to OR TOWN Salisbury	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESSPENINSULA General Hospital	STREET (If rural, give location) ADDRESS 129 Second Street	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)	
DECEASED: (Type or Print) Betty Ann	Austin   0F   12- 31- 19 55	
5. SEX;   6. COLOR OR   7. SINGLE, MARRIED,   8. D	ATE OF BIRTH:  9. AGE last birthday: If UNDER 1 YEAR IF UNDER 1  24-30 25 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS work done during most of work life,   INDUSTRY:		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Raymond Purnell	Allene Dasheill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
No service) No 214-30-8392	Calvin Austin-127 Second St., Salisbury,	Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Infected abort	ion Interval Be Onset and 21 hrs	DEATH
Antecedent cause(s)  Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		()*)*****
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	Yen, []	
21a. EXTERNAL CAUSE WAS PRIMARY (1) or CONTRIBUTING   21b. PLACE (Home, farm, fac OF street, office bldg., INJURY	etc.,	
21d. TiME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURREL OF While at Not white Not work work at work	e	
22. I hereby certify that I took charge of the remains des find that death resulted from: Natural causes [], A SIGNATURE	cribed above, held an Autopsy X, Inspection X, Inquiry Ccident C, Suicide C, Homicide C, Undetermined CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER 1-3-5	ENED.
REMOVAL (Specify):	TERY OR CREMATORY LOCATION (City, town, or county) (S Memorial Park Salisbury, Wicomico, Mary	tate)
Burial 1-4-50 Green Acres	24. FUNERAL DIRECTOR ADDRI	ESS
REG4-56 (Mary W. Hollsmay	Obborostick a Weamstram causem	

DEVEDURE 1000

BUREAU V. S.

The law requires that the death certificate be executed within

NSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12472

### 12497 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE	E (HOME) OF DECEASE	D
COUNTY WICOMICO MARYLAND	STATE Maryla	nd county Wic	omico
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY		ite limits, write RURAL and give ne	erest town)
OR and give nearest town)  TOWN  Salisbury  Most of life		Salisbury	12
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(If rural give location)	/
STREET ADDRESS At home - Shumaker Road	710011633	Shumaker Road	
3. NAME OF (First) (Middle) DECEASED	(Losi)	4. DATE (Month)	(Day) (Year)
	arkley	DEATH 12 -	16 - 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	OF BIRTH 9.		R 1 YEAR JIF UNDER 24 HRS.
	899	56 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even # OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	2. CITIZEN OF WHAT
reliad Bus Operator School Bus	Snow Hill, Word	cester Co.Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA		0035
Winfield Barkley	E1:	Izabeth Townsend	d
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & AD		isbury, Md.
(Yes, eq. or unk.) (if Yes, give wer or dates of service) None	Charles G.	Barkley, Jerse	
18. MEDICAL CER		4	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		1 7:	ONSET AND DEATH
IMMEDIATE CAUSE (A)	supry on	faceller	Tell rulling
ANTECEDENT CAUSE(S) DUE TO	. 1.0	111	Brun The
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	Drawy on	sufference	1 × numero
STATING UNDERLYING CAUSE LAST. DUE TO	1	00 01	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hoperlen	vicev	5
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	-//		20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY atwest, office bidg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town) (Cou	inty) (Stete)
But The OF British Int. at 1 Page 1 No. 1 But Blind oddings	21f. HOW DID INJURY OCCUR?		
M. et work at york	A.	1	
22. I hereby cartify that altended the deceased from	3 1955 to AM	1/6 1955 that 1	last saw the deceased
alive on Delector, 19.5 S, and that death occurred at	1.104	uses and on the date state	
SIGNATURE /		ESS (Street, city, town, steta)	
MA Sensoly M.D.	Lali	string 1/1	co 12/19/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)		LOCATION (City, town, of count	
Burial 12-20-55 Green Acres	Memorial Park	Salisbury, Wic	omico Co., Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS

SECTION STATE OF THE STEEL OF THE STATE OF TAKE AND A STATE OF THE STA

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BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

### 12498

### CERTIFICATE OF DEATH

Item 12 Filmmel 1-11-56 et FOR MEDICAL	L EXAMINERS	Reg. Dis	L. No. 332
1. PLACE OF DEATH. COUNTY Seemes MARYLAND	2. USUAL RESIDENCE (	WEE	UNTY
OR give negrest town (in this place)	TOWN Sales		12
INSTITUTION OR 700 W. Isabella St.	STREET ADDRESS 70 S	b. Jorbel	
3. NAME OF DECEASED (Type or Print) Million Or 10	Sell	4. DATE (Month OF DEATH (	26 1955
5. SEX 6. COLOR OR RACE 7. STANCLE, MARRIED. WIDOWED DEPURCED, (Specify)	8. DATE OF BIRTH	71 ym. Mc	onthe Days   Hours   Min.
done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work lob. Kind of Business on Industry	11. BIRTHPLACE (State of		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIL SECURITY No. (Yes. no. or unknown) (If yes. give war or dates of service)	17. INFORMANT AND 3	ell ell	
18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
Immediate cause (a) Comman	~ - 0 . 11	*	_
Immediate cause (a)	- Caro	A marine in our miner	many
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	arteri	relevant	10-15 year
stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS			nan
Conditions contributing in the death but not related to the disease or condition causing death.			,
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			Yes 🗍 No 🔼
21. EXTERNAL CAUSE WAS PRIMARY □ OR CONTRIBUTING □ Office bldg., etc.) INJURY	(CITY OR		NTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not while   INJURY   m.   work   at work	HOW DID INJURY OF	CUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes in accident in suicide in homicide in homicide.	ased died on the day state undetermined	, Inquiry thereon dahove, and death in	and from the evidence my opinion resulted
SIGNATURE (Degree or title)	ADDRESS		DATE SIGNED
W. B. S. Ture Pup. 21. BURIAL CREMATION I DATE THEREOF I NAME OF CEMETE	109 Farter	ST Solution	12/28/53
24. BURIAL CREMATION DATE THEREOF NAME OF CEMETE		LOCATION (City, town, or	coloty) (State)
DATE REC'D BY LOCAL   BEGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTO	R 22/7 7	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

325

The correct

RECEIVED

BUREAU V. S.

s after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V\$ A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12474

### 12548 CERTIFICATE OF DEATH

Item 9. Film@191 1-6-56 et	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MARYLAND	STATE Md. COUNTY MISSONICO
CITY (Il outside corporate limits, write RURAL)   LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give neerest town)
OR end give neerest town	TOWN RICE OF TOWN
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF DECEASED (First) (Middle) (Type or Print) SCZX	(Lest)  4. DATE (Month) (Dey) (Yeer)  OF DEATH 12-30 1953
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	9-1889 4/11 66 yrs. Months Deys Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working file, even if relired)  10. USUAL OCCUPATION (Give kind of work and some state of the so	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
attan Kradley	Ida Phillips
15. WAS DECEASED EVER IN U. S. AKMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	O Horry Rochby / Samband
18. MEDICAL CER	TIPICATION / INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
MAMEDIATE CAUSE (A) COUNTY U	e dusin trus
ANTECEDENT CAUSE(S) DUE TO	Shin a
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	Julio Julio
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198, DATE OF OPERATION 1 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
U	YES NO
21b. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fectory, 21 OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., etc.] (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work to et work 1 1	TH, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 41.12	5/19 to 12/30 19 5 Sthat I last saw the deceased
12-121	A.M. from the causes and on the date stated above.
SIGNATURE & Sumburs M.D.	ADDRESS (Sireet, city, town, stele)  DATE SIGNED 12 1 55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, toward or county) (State)
Buriol 1/1/36 Pasons	em. Kalistever, Md.
24. REC'D BY REGISTRATS 6 REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE  ADDRESS,  ADDRESS,  MA

AL ASSAULTABARTANIS OF MAINTHABLE WALTHARD IN

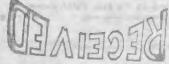
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BUREAU V. K.

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registrar within by the funeral

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS, A15C 1-55 10M

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING P

72 hours after death, After

after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12475

CERTIFICATE O OF DEATH

	3	3	-
 	-	and.	P

Dr. William Smith	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Wicomico
OR end give neerest town)  Town  CITY (If outside corporate limits, write RURAL (in this plece)  Fruitland	CITY (If outside corporeta limits, write RURAL end give neerest town) OR TOWN Fruitland
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Division St Ext.	ADDRESS S. Division St Ext.
3. NAME OF (First) (Middle)  DECEASED (Type or Print) LOUDER JOSEPH WASHINGTON	(Lest)  4. DATE (Month) (Day) (Yeer)  OF DEATH Dec. 3rd 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI WIDOWED, DIVORCED, (Specify) Married Sept	E OF BIRTH 9. AGE last birthdey   IF UNDER 1 YEAR   IF UNDER 24
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, avan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Dagsboro Del. USA
Joseph Brumbley	Rita Evans
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Fertha L. Brumbley(Wife) S. Div. Ext. Fruitland, Maryland
18. MEDICAL C	ERTIFICATION INTERVAL BETWEE
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1443 X IMMEDIATE CAUSE (A)	like arrest ONSET AND DEA
ANTECEDENT CAUSE(S) DUE TO	Our II in
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Chill de to
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	gavie mulheres
199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO [
21s. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Siete)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While Not while of work of work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12-	19 50, to 12-5, 19 55, that I last saw the deces
alive on	at 8:00Pm, from the causes and on the date stated above.  ADDRESS (Streat, city, town, state)  DATE SIGN
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY REMOVAL (SPECIFY)	Salisbury, Maryland Dec. 19 OR CREMATORY LOCATION (City, town, or county) (State
Burial Dec. 6, 1955 Red Men C	
24. RECID BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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BUREAU V. S.

9961 A 221-

and consistent of the second the state of the s

SS.

8/, 1955 that I last saw the deceased M/from the causes and on the date stated above. DATE SIGNED (State) LOCATION (City, town, or county ADDRESS DATE REC'D BY LOCAL SIGNATURE DIRECTOR

(Day)

Days

112.

(County)

(Year)

AND DEATH

20. AUTOPSY? YES D

NO

(State)

Hours

CITIZEN, OR



## CIAE OR HOLFITAL: The law requires that the death mrifical be executed within 2

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 49550

1257!

12000	CERTIFICAT	E OF DEATH	Reg. Dist. No
1. PLACE OF DEATH		1 2. USUAL RESIDENCE (HC	
ing of the	-prel-	=== 1	1.1
COUNTY Clamato	MARYLAND	STATE FINE	COUNTY Element
CITY (If outside corporate limits, write RURAL OR and give merest fown)	LENGTH OF STAY (in /fiis placa)	OR / 1 +	write RURAL and give nearest town)
X TOWN Wellsque	Lexe	TOWN / Stuppes	· · · · · · · · · · · · · · · · · · ·
HOSPITAL OR INSTITUTION OR STREET ADDRESS	0	STREET ADDRESS	(W rurat give socetion)
3. NAME OF (First)	(Middle)		DATE (Month) (Day) (Year)
(Type or Print)	<b>10.</b> ( )		DEATH / 21 26 1055
5. SEX   6. COLOR OR   7. SI	NGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE	last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
The Cal is	Dover Divorced, pecify Single 18		yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during shoul of working life, even if	OR INDUSTRY	11. BIRTHPLACE (State or foreign countr	12. CITIZEN OF WHAT COUNTRY?
retired) Farmer	-none	Wetekeren	> ,
13. FATHER'S NAME		14. MOTHER'S MAJEEN NAME 7	1 1
Jaial Can	as out.	Trucky (1	Jeplie,
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	77. 1
(Yes, no, or unk.) (If Yes, give wer or dates of se	irvice) by	Can Marile D	I marklas
	18. MEDICAL C	THE FLOOR K.	// INTERVAL BETWEEN
T DISEASES OR CONDITIONS DIRECTLY LEADING		ERTIFICATION	ONSET AND DEATH
3/X IMMEDIATE CAUSE (A)	nelsal.	Excelut.	24 hours
ANTECEDENT CAUSE(S) DUE TO	0 0 1-	0	1 0
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	o lighted	charaz.	- 10 gus
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTI			
TO THE DEATH BUT NOT RELATED TO THE	NG .		
D SEASE OF CONDITION CAUSING DEATH,	PARTITION OF CORPATIONS		20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJO	OR FINDINGS OF OPERATION		YES NO
21a. ACCIDENT WAS UNDERLYING   21b. OR CONTRIBUTING   CAUSE OF DEATH OF IN	PLACE [Home, farm, factory, IJURY strael, office bldg., atc.]	21c. WHERE DID INJURY OCCUR? (City	or town) (County) (Stele)
	(Hour) 21e. INJURY OCCURRED While Not while at work st work	2H, HOW DID INJURY OCCUR?	
OO I benefits condition that I attended	the desert from 1/17-	1052 - 12/26	1055 that I had court be decorded
22. I hereby certify that I attended	, and that death occurred		nd on the date stated above.
SIGNATURE	N 4	ADDRESS (	Straet, city, Jown, steta) DATE SIGNED
Di - Visi alde Ti	Escalus. M.D.	maulicole	Urk. 12/27/55
23. BURIAL, CREMATION, DATE THERE	OF NAME OF CEMETERY	OR CREMATORY LOCAT	ION (City, town, or county) (State)
1/1-1	1-55 (Velleting	em Clen 7	Ux49am ong.
24. REC'D BY REGISTRAR REGISTRAR'S		25. FUNEPAL DIRECTOR'S SIGNATU	RE ADDRESS
FINI C 1000 M	01 91 00 10	12 maberia	m Co est
1956	1 11 Mollowayes	1 80000	7, -0-20,

S. V. S. J. W.

DA. HI more MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12500 CERTIFICATE OF Reg. Dist. No. emmefully. 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. 1. PLACE OF DEATH: Wicomico STATE Maryland COUNTY Warraster COUNTY MARYLAND CITY(If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY and (in this place) and give nearest town) OR OR informatio≡ TOWN TOWN Snow Hill MIS Deepl clearly (If rural give location) STREET HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) (Lest) DATE 3. NAME OF (Day) death of DECEASED. (Type or Print) DEATH: item 7. SINGLE, MARRIED SEX-COLOR OR B. DATE OF 9. AGE last birthday IF UNDER 1 YEAR RACE: WIDOWED, DIVORCED, of Months | Days Hours (Specify): YTS. every causes USUAL OCCUPATION (Give kind of KIND OF BUSINESS (State or foreign country): CITIZEN OF WHAT 10a 12. work done during most of working life, even if recipied): OR INDUSTRY: Supply MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: 14. 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U.B. ARNED FORCEST 16. SOCIAL SECURITY No. FOR (Yes, no, or unk.) (If Yes, give war or dates Z of service) 9 63 MEDICAL CERTIFICATION ADING RESERVED DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH pl sicians IMMEDIATE CAUSE ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS, IF ANY. (田) Phys MARGIN GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.  $\mathbb{R}$ (C) portant. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION imi 20. **AUTOPSY1** YES IT NO PI 218. PLACE (Home, farm, factory, 21A. ACCIDENT WAS UNDERLYING ... 21c. WHERE DID (City or town) (County) (State) RITH OF INJURY street, office bldg., etc. OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21f. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work OR 22. I hereby certify that I attended the deceased from . , 19. ..., to ... . ... 19 ...., that I last saw the deceased 包 A M, from the causes and on the date stated above. that death occurred at TYPI alive on ADDRESS SIGNATUR SE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) CREMATION BURIAL. DATE THEREOF REMOVAL (SPECIFY) ~ DATE REC'D BY LOCAL DIRECTOR REGISTRAR

BANESE 1

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

A FUMPHREY FUNERAL HOME-BETHESDA MD

REGISTRAR'S SIGNATURE

US VIEW CIU

BUREAU V. S.

this this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 All ŏ 124811 copy CERTIFICATE OF DEATH 12502 Reg. Dist. No..... Ţ I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Wicomico MARYLAND STATE Maryland COUNTY Wicomico (If outside corporate limits, write RURAL LENGTH OF STAY (N outside corporate limits, write RURAL and give negrest lown) rector. OR end give nearest lown) (in this place) HOSPITAL OR TOWN 8 Days Salisbury STREET (If rural give location) INSTITUTION OR STREET ADDRESS Peninsula General Hospital **ADDRESS** within 105 East Locust St., 3. NAME OF (Middle) (Last) 4. DATE (Day) (Year) DECEASED istrar NETTT: FULTON (Type or Print) COULBOURN DEATH 19 ă A COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS W.DOWED, DIVORCED, (Speni)dowed Female Dec.18,1879 Ē Ξ, 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS CITIZEN OF WHAT 当時 done during most of working life, even if reliable Wile OR INDUSTRY COUNTRY? Own Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME requires that the Isaac P. Collins Martha Ellen Dixon physician. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yas, give wer or detes of service) None Mrs Floyd Bentley, Salisbury and 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I 'DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician death IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) ö requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE hospital affending DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ě 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? The law ruted by the should be NO be retained 210. ACCIDENT WAS UNDERLYING 21c. WHERE DID INJURY OCCUR? (City or lown) 21b. PLACE (Home, farm, fectory, (County) (Stele) SICIAN executed OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) **DIRECTOM:** 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? certificate assembly While Not while at work at work 22. I hereby certify that I attended the deceased from 12/2.8. to 12/17....., 19.55...., that I last saw the deceased 19.05 and that death occurred at 3.2577M, from the causes and on the date stated above. alive on .... SIGNATURE FUNERAL 10 M ADDRESS (Street, city, town, stetale certificate death certi A15C 1-55 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Burial 12/20/55 Parsons Cemetery Salisbury. Maryland RECID, BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE The Hill & Johnson Co. alisbury, Maryland

DECENTED

BUREAU V. S.

INSTRUCTIONS

### 12593 CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH				
	10	2. USUAL RESIDENCE (H	OME) OF DECEASED	
1//10. * "	ma	Sond	///10.	
COUNTY / VICINICO	MARYLAND	STATE 1 400	COUNTY COULT	muc
CITY (If ourside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corporate limits	write RURAL end give nearest t	own)
OR end fire neared town	(ist this place)	TOWN Datesal	1111	
1 HOWN DAKIBLUING	defe	y poccas a	Mry	1
HOSPITAL OR	,	STREET	Alf rural give location)	,
INSTITUTION OR STREET ADDRESS	/	ADDRESS	16 h	-
STREET ADDRESS   EM , UI /VE	90	01100	elans So	
3. NAME OF / (First)	((Middle)	(Last) 4.	DATE (Month) (De	(Yeer)
Interception /	7) //	11	OF AND A	~ L-
(Type or Print)	N. Uls	de la	DEATH/2 7	19.50
5. SEX 6. COLOR OR 7. SINGLE, MA		DE BIRTH 9. AGE	lest birthday   IF UNDER 1 YE	AR IF UNDER 24 HRS.
	DIVORCED, 1 WA	12 0 1800 D	Months Da	ys Hours Min
m (Spacifylm	unied 1471	20x 1.16/1 D.	8 411 [-	-   - T
	KIND OF BUSINESS LIE	11. BIRTHPLACE (State or foreign counts		ITIZEN OF WHAT
dona during most of working lile, even if	OR INDUSTRY	11/100	No. 18	PUNTRY
retired) Dorderer	none 1	Wecenece	CO   (1	7.1.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
800 + + P P 10		Lyn.	(D) 0 00.	
Click Cliff		Ittethat	BURKING	
15. WAS DECEASED EVER IN U. S. ARMED/FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	0 11	
(Yes, no, or unk.) (if Yes, give way or cates of service)	none	1 al - ah - O.	(1, 1)	
6	1 w no	WY WELLE	Cleffy.	
	18. MEDICAL CEN	RTIFICATION	-///	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH /	•	DILU 1	ONSET AND DEATH
MUDV	1 4 0 5	man land	The Color	
MMEDIATE CAUSE (A)	Lunous	, -venuer /	correct cen	Largo
ANTECEDENT CAUSEIS) DUE TO				
DISEASES OR CONDITIONS, IF ANY, IB)			1	
GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE			-	
DISEASE OF CONDITION CALIFFORD DEATH				
DISEASE OR CONDITION CAUSING DEATH.	OF OF OREN FION			20 4/17/08573
DISEASE OR CONDITION CAUSING DEATH.  190. DATE OF OPERATION 196. MAJOR FINDIN	GS OF OPERATION			20. AUTOPSY?
190. DATE OF OPERATION 196. MAJOR FINDIN				YES NO
190. DATE OF OPERATION 196. MAJOR FINDIN  218. ACCIDENT WAS UNDERLYING   216. PLACE (F	lome, lerm, factory,	21c. WHERE DID INJURY OCCUR? [City	or lown) (County)	
190. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE () OR CONTRIBUTING 20USE OF DEATH OF INJURY STOR		21c. WHERE DID INJURY OCCUR? (City	or lown) (County)	YES NO
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE () OR CONTRIBUTING CAUSE OF DEATH OF INJURY SITE (IF EITHER, NOTIFY MEDICAL EXAMINER)	lome, lerm, factory, et, office bidg., atc.)		or town) (County)	YES NO
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE () OR CONTRIBUTING CAUSE OF DEATH OF INJURY street  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)	lome, lerm, factory,	21c. WHERE DID INJURY OCCUR? (City	or lawn) (County)	YES NO
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (FOR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) [Yeer) (Hour)	tome, lerm, factory, et, office bidg., atc.) 21a. INJURY OCCURRED		or lown) (County)	YES NO
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (PORTOCONTRIBUTING CAUSE OF DEATH OF INJURY SITE (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) M.	tome, lerm, factory, et, office bidg., atc.)  21a. INJURY OCCURRED Whils Not while at work	211. HOW DID INJURY OCCUR?		YES NO (State)
190. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (I) OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY SITE (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour)	tome, lerm, factory, et, office bidg., atc.)  21a. INJURY OCCURRED Whils Not while at work	211. HOW DID INJURY OCCUR?		YES NO (State)
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (POR CONTRIBUTING CAUSE OF DEATH OF INJURY strategies of the control of th	lome, lerm, factory, et, office bidg., atc.)  21a. INJURY OCCURRED While Not while at work at work	211. HOW DID INJURY OCCUR?	, 19.52, That I last	YES NO (State)
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (POR CONTRIBUTING CAUSE OF DEATH OF INJURY strategies of the control of th	lome, lerm, factory, et, office bidg., atc.)  21a. INJURY OCCURRED While Not while at work at work	211. HOW DID INJURY OCCUR?	, 19.52, That I last	YES NO (State)
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (POR CONTRIBUTING CAUSE OF DEATH OF INJURY straille ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M.  22. 1 hereby certify that 1 attended the dealive on 197.	lome, lerm, factory, et, office bidg., atc.)  21a. INJURY OCCURRED While Not while at work at work	211. HOW DID INJURY OCCUR?	, 19.52, That I last	YES NO (State)
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (POR CONTRIBUTING CAUSE OF DEATH OF INJURY straille ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M.  22. 1 hereby certify that 1 attended the dealive on 197.	lome, lerm, factory, et, office bidgs, atc.)  21a. INJURY OCCURRED While Not white at work at work accessed from	211. HOW DID INJURY OCCUR?	, 19.52, That I last	YES NO (State)
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (POR CONTRIBUTING CAUSE OF DEATH OF INJURY strail (PETITARE, NOTIFY MEDICAL EXAMINE)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  A.  22. 1 hereby certify that 1 attended the dealive on 19. J. 19	tome, term, factory, et, office bidge, atc.)  21a. INJURY OCCURRED While Not white at work  accessed from	211. HOW DID INJURY OCCUR?	, 19.52, That I last	YES NO (State)
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 121b. PLACE (POR CONTRIBUTING CAUSE OF DEATH OF INJURY Strail (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M.  22. 1 hereby certify that 1 attended the dealive on	lome, lerm, factory, et, office bidgs, atc.)  21a. INJURY OCCURRED While Not white at work at work accessed from	211. HOW DID INJURY OCCUR?	ind on the date stated at Street, city, town, stete)	YES NO (State)  I saw the deceased bove.
196. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (POR CONTRIBUTING CAUSE OF DEATH OF INJURY strail (PETITARE, NOTIFY MEDICAL EXAMINE)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  A.  22. 1 hereby certify that 1 attended the dealive on 19. J. 19	lome, lerm, factory, et, office bidgs, atc.)  21a. INJURY OCCURRED While Not white at work at work accessed from	211. HOW DID INJURY OCCUR?	ind on the date stated at Street, city, town, stete)	YES NO (State)  I saw the deceased bove.
190. DATE OF OPERATION 196. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (POR CONTRIBUTING CAUSE OF DEATH OF INJURY strail (FETHER, NOTIFY MEDICAL EXAMINE)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  A.  22. 1 hereby certify that 1 attended the dealive on 19. J. 19.	And that death occurred at M.D.  NAME OF CEMETERY OR	211. HOW DID INJURY OCCUR?	19.55, that I last and on the date stated at (Street, city, town, state)  TION (City, town, or county)  Worns Ulling	YES NO (State)  Saw the deceased bove.  2-/3-SS (State)
196. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING 21b. PLACE () OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) [Yaer) (Hour) M.  22. 1 hereby certify that 1 attended the dealive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	And that death occurred at M.D.  NAME OF CEMETERY OR	211. HOW DID INJURY OCCUR?  6. 19 5 d., to	and on the date stated at (Street, city, town, stete)  TION (City, town, or county)  Worns (Lilling)	YES NO (State)  Saw the deceased bove.  2-/3-SS (State)
19e. DATE OF OPERATION 19b. MAJOR FINDIN  21a. ACCIDENT WAS UNDERLYING 21b. PLACE (I) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) M.  22. 1 hereby certify that 1 attended the dealive on 19 Marie Thereof REMOVAL (SPECIFY)  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  24. DATE THEREOF	And that death occurred at M.D.  NAME OF CEMETERY OR	211. HOW DID INJURY OCCUR?  6. 19 5 d., to	and on the date stated at (Street, city, town, stete)  TION (City, town, or county)  Worns (Lilling)	YES NO (State)  Saw the deceased bove.  2-/3-SS (State)

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SS61 9, 030

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72 hours after death. After director, the third copy of

registrar within by the funeral

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death,

hours

executed

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 12504

12482

to mer del.

	Reg. Dist. No. ,
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Nic Olico MARYLAND	state Dela re county Su jest
OR and give nearest town) LENGTH OF STAY	CITY (If outside corporata limits, write RURAL end give nearest town) OR
Salisbuty 2 hrs.	Town
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS Peningula General Mospit. 1	ADDRESS 326 west Stre t
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dev) (Year)
DECEASED (Type or Print)	OF CONTRACTOR OF
Gertinde .ork.ns	ORIVER 1 100. 29 19 75
RACE WIDOWED, DIVORCED,	" DIDER I TAK IF UNDER 24 TK
	• 15, 1:00 75 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working His, even H OR INDUSTRY	BIRTHPLACE (State or foreign country)
retired) Housewife ownone	Delaware USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1rvin H opkins	Mary Jane (unknown)
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	
none	alizabeth Horlins, Laurel, Del.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	yoursey promposes 2.
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (8)	ed fluid Mileres Jelus
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OF CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINE)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED	21. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify/that I attended the deceased from! I	19. 5, to 17/79, 19. 5, that I last saw the deceased
alive on	inal I last saw the deceased
SIGNATURE SIGNATURE	
Wherein.o.	ADDRESS (Street, city, town, state)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county) (Slote)
	s Cemetery Lourel, Dolan re
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	S Cemetery   Laurel, Delaware   25. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS
1/2 /14 1/20	0101

Kolloways

TIAN OR HULHITAL: The law requires that the death mrificate be may be retained by the hospital or attenting physician. ATTENDING

TO FUNERAL PROTOR: The law requires the health certificate be filed with certificate has been ensured by the intending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. Tim bottom copy

A15C 1-55 10M

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12505 CERTIFICATE OF DEATH

12484

Ite. s 6.8 Film.Just 1-63-56	6 et Item 3 Fil	rG192 1-31-56 et. Reg. E	Dist. No
1. PLACE OF DEATH	1	2. USUAL RESIDENCE (HOME) OF DECEA	SED
COUNTY VICENTIES	MARYLAND	STATE MET COUNTY	,
CITY (If outside corporate fimits, write RURAL OR and give marrest town).	LENGTH OF STAY	CITY (If outside corporate lights, write RURAL and give	nearest fown)
TOWN — utbilling	(In this place)	TOWN, Safeleurer Ind	
HOSPITAL OR	1 30 12	STREET . Wrund give locate	ion) /
INSTITUTION OR STREET ADDRESS 7, 5, Heap.	<u> </u>	ADDRESS 657 W. Maine 5	
3. NAME OF DECEASED (First) (Type or Print)	(Middle) Das J	OF DEATH /2 -	(Dey) (Year) 255
S. SEX 6. COLOR OR 7. SINGLE, A			IDER TYEAR JIE UNDER 24 HRS.
777 (Specify)	married Sep	1. 15.1877 78 yrs. Mont	hs Deys Hours M.n.
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY	11. BIRTHPLACE (Stole or foreign, country)  (while Honer	12. CITIZEN OF WHAT
13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME	
Deorge Wisherd		Casephense Gelles	
IS. WAS DECEASED EYER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, plus was as dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	, ,
- + 120	12/1-10-23	326 Stemvelle Park	ed,
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CI	RTIFICATION	ONSET AND DEATH
	i soll and		ONSEL AND DEATH
IMMEDIATE CAUSE (A)	- Custone	- ilmon care	
DISEASES OR CONDITIONS, IF ANY, (B)	216m2 =	circu	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
	INGS OF OPERATION		20. AUTOPSY?
			YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 27b. PLACE OR CONTRIBUT NG ☐ CAUSE OF DEATH OF INJURY ## (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, factory, reet, office bldg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (4	County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While Not while	216. HOW DID INJURY OCCUR?	
M.	While Not while at work		
22. I hereby certify that I attended the o	deceased from 17-7	5-, 19.55-, 10. 12-25-, 19. 55, the	at I last saw the deceased
		at 17.3a P.M. from the causes and on the date s	
SIGNATURE /	A	ADDRESS (Street, city, town, slets)	
- Tuelon of fees	les M.D.	Lolesker End	10-28-73
23. AURIAL CREMATION DATE THEREOF	NAME OF CEMETERY O		
12.29-5	5 Tream	Acres Con Hallden	Tred
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA	TURE /	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Mary	H. Holloway	1 torke 11, aleas	
	1 83		

'S 'A Parage

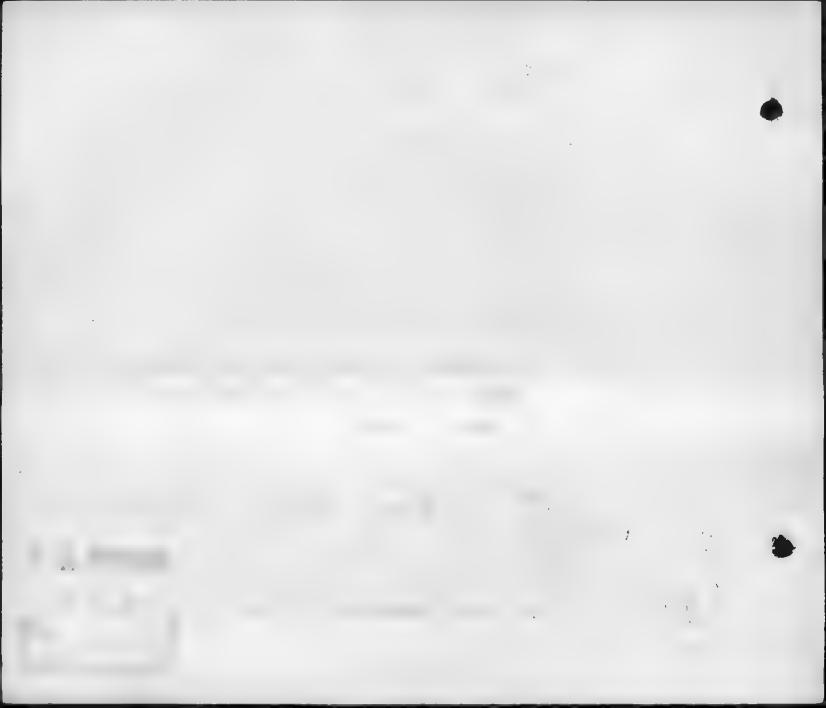
### The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

### 12596

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH- COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Screenset
CITY (If outside corporate limits, write RURAL and OR give nearest two Dury (in this green)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
HOSPITAL OR INSTITUTION OR P.G. Hospital	STREET (If rural, give location)
3. NAME OF (First) (Middle)	hiell 4. DATE (Month) (Day) (Year)
5. SEX male 6. COLOR OF RACE 7. SINGLE, MARRIED, WILLIAM TE OCIVORCED. (Specify)	8. DATE OF BIRTH Oct. IO, 1878  9. AGE last birthday If under 1 year lif under 24 hra Months Days Hours Min,
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	Maryland 12. Citizen of What Sountary
Davied Dashiell	Anna Bashiell
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, glynger or dates of 219-14-2916	Archie Dashiell Eden, Md.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
/Xammediate cause (a) Cerebual &	Generhor - de 455 12 les
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause estating the underlying cause last  (c) Luce. 2, 195.	octure right hip on
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc., office bldg., et	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes , accident □, suicide □, homicide □, SIGNATURE (Degree or title)	used died on the dry stated above, and death in my opinion resulted
23. BURIAN CREMATION   DATE THEREOF / NAME OF CEMETE.	RY OR CREMATORY   LOCATION (City, Jown, or county) (State)
REBUTIATION I2-7-1955 Flower Hill	l Cemetery Eden, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
- July willing	Princess Anne, Maryland

MARGIN RESERVED FOR BINDING



VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 12507 CERTIFICATE OF DEATH

12486

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASE	D	
COUNTY Wicomico	MARYLAND	STATE Claryla	and county	Word	este	r
CITY (It outside corporate timits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpor		end give ne	erest town)	
OR and give nearest town) 19. TOWN Salisbury	(in this place)  1 week	OR TOWN (19)	nopville		4,	ž *
HOSPITAL OR INSTITUTION OR OF STREET ADDRESS Deer's Head State		STREET ADDRESS	-	va location)	with.	<u> </u>
	ames D	(Last) avis	4. DATE (Mo	nth) Je <b>c</b> .	(Day)	1955
5. SEX   6. COLOR OR   7. SINGLE, MARRIE	D, 8. DATE O	F BIRTH 9	. AGE last birthday	IF UNDE	R 1 YEAR	IF UNDER 24 HR
Male White (Specify) Si	ngle Mar.	12, 1882	73 yrs	Months	Days	Hours Min.
dona during most of working life, even if retired)	O OF BUSINESS INDUSTRY	11. BIRTHPLACE (Stell or foreign Ocean View, 1	De laware	1:	COUN	
13. FATHER'S NAME	/	14. MOTHER'S MAIDEN N				
James Davis	L	Mame (1	fary) Taylo	or		
	SOCIAL SECURITY NO.	17. INFORMANT & A	DORESS			
- [Yaş, no, or unk.] [If Yes, give wer or dates of service]		Hospita	al Records			
MAREDIATE CAUSE (A)	eriosclerotic	cardiovascula:	r disease			3
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	hrosclerosis				4-1-1	?
198. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION					AUTOPSY?
The Address of the Ad	top 100				YES	
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	, farm, Tectory, 2 ffice bldg., etc.)	ic. WHERE DID INJURY OCCUR	? (Cily or town)	(Cou	nty)	(State)
	rm Not while rm	21f. HOW DID INJURY OCCUR	?			
22. I hereby certify that I attended the decearaire on Dec. 6, 19. 55, and SIGNATURE & V. fuerum	that death occurred at.	9:05 aM, from the ca	euses and on the ESS (Street, city, tow	date state	ed above	v the decease
V. Juer.man		er's Head State				2/6955
23. BURIAL, CREMATION, REMOVAL (SPECIFY)  / Survill Let. 9, 1913	NAME OF CEMETERY, OR	lones	12 Lallo	for county	lle	712d.
DAYLOZ - 9-55 Mary lk	Hollomay	25. FUNERAL DIRECTOR'S S	Watson	H	ADDRESS	who Col

SUREAU V. S.

DECEIVED

BUREAU V. S.

# ATTENDING PHATICIAN OR HOSPITAL: The law requires that the death cartificate be executed within The bottom copy may be retained by the hospital or attending physician.

A15C 1-55 10M

INSTRUCTIONS

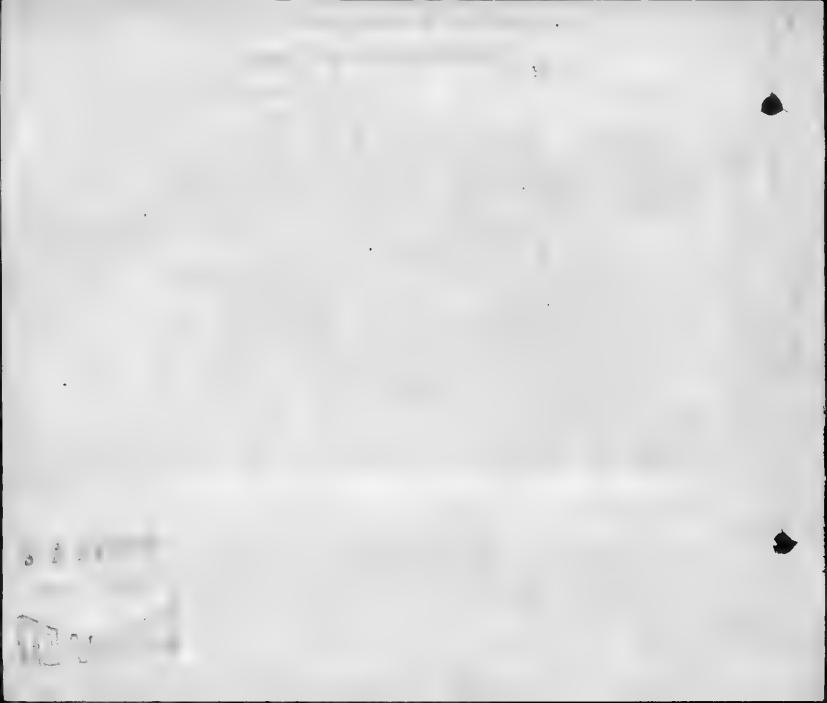
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12488

### CERTIFICATE OF DEATH 12509

Reg. Dist. No.

1. PLACE OF	DEATH				2. USUAL RESID	ENCE (HOME) OF	DECEASI	ED		
COUNTY	Wicomico		MARYL	AND	state Marylan	nd coun	ry Wic	omico	)	
CITY (If out	side corporata fimits, wri	B RURAL	L LENGTH O	VAT2 2	CITY (If outside coi	porete limits, write RURA				
OR end g	alisbury		Since 9	79/55	TOWN Sali	bury				
HOSPITAL OR	on Pino RI	uff Stat	e Hospita	1	STREET		give location	)		
5 STREET ADDRI	Salish	iry, Mar	vland		115	First Stree	t			
3. NAME OF DECEASE			(Middle)		(Lest)	4. DATE	Month)	(Dey)	(Yaz	er}
(Type or Print)	Char	lotte	Adelate		Dulin	DEATH	Dec.	8	195	35
5. SEX	6. COLOR OR	7. SINGLE, A	AARRIED.	B. DATE C	F BIRTH	9. AGE last birthday		ER 1 YEAR	HE UNDER	
	RACE	I WIDOWED	D. DIVORCED.		24 -0-0		Months	Days	Hours	[ Min.
Female	White		idowed		26, 1878		<u>" 3 </u>	1		1
10e. USUAL OCCU	IPATION (Give kind of most of working life, ex	work 10b	. KIND OF BUSINES OR INDUSTRY	S	11. BIRTHPLACE (State or fo	raign country)		12. CITIZE COUN		AT
	ousewife				Marion Stat:	ion, Maryla	nd	US		
13. FATHER'S NA	ME			· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDE	NAME				
Henry	James John	son			Mary Ann	Boston				
	ED EVER IN U. S. ARN	ED FORCES?	16. SOCIAL SEC	URITY NO.	17. INFORMANT 8	ADDRESS				
(Yes, no, or unk.)	"(If Yas, give war or d	elas of servica)	Non	^	nolf on	odušenie.				
- COLLEC					TIFICATION	admission		I INITE	RVAL BETV	A/EELI
I DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DE	ATH IO. ME	DICAL CEN	HEICATION				ET AND D	
2 1 3 V W	MEDIATE CALICE	(A)	Dulmono	mir Tube	rculosis			5 77	rs.	
	MEDIATE CAUSE	DUE TO	TULLINDIRG	13 1435	TCULOSES				130	
	CEDELAL CHOSE(S)									
GIYING RISE TO	THE ABOVE CAUSE	(B)								
STATING UNDERL	YING CAUSE LAST.	DUE TO								
II OTHER SIGNIFIC	ANT CONDITIONS CO							_		
	BUT NOT RELATED TO									
190. DATE OF OPI	NOTION CAUSING DE		NGS OF OPERATION					20	). AUTOPS	2 2 2
198. DATE OF OF	//	, MAJOR FINDI	NGS OF OPERATION	1				YES		57
	AS UNDERLYING C		(Home, farm, factor) eat, office bldg., atc		Te. WHERE DID INJURY OCC	UR? (City or town)	(Co	unty)	(Stata	THE SAME
(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
21d. TIME OF INJU	IRY (Month) (Day)	(Year) (Hour)	21e. INJURY OCCU	RRED twhile -	21f, HOW DID INJURY OCC	UR?				
		M.		work						
22. I hereby	cartify that I a	ttended the d	leceased from	9/9/55	, 19, to	2/8/55 10	that	I last ear	v the de	0250
	12/8/55									-0030
alive on:			and mar dearn	occurred ar	3.2.05.pM, from the	causes and on in DRESS (Sireet, city,			e. Date si	er bi er
		To	14.						DALE DI	GIVE
-	ce of	au	voy	M.D.	Fruitland	Maryland LOCATION (City,		12	/8/55	
23. BURIAL, JEREM REMOVAL (SI		THEREOF	/	CEMETERY OR		LOCATION (City,	lown, or toun	ty) '	- 75	itala)
BURIAL	DE	C. 11, 19:	15/15T. P	AUL'S	LEMETERY	MARION	STATI	ADDRESS	D.	
24. REC'D BY REC	SISTRAR REG	STRAR'S SIGNA	TURE 9/ 06		25. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		
DATE 2-13	-55 111	anill	NAVION	rail	75 Mudala	W & Sono -	- Cun	Lila	me	d.



43 00	Items 12 MARYLAND STATE DEPARTMENT OF HEALTHORE, 18	RESAMO!
correc	MEDICAL EXAMINER'S CERTIFICATE OF DEAT	H No. 332
e	1. PLACE OF DEATH:  2. USUAL RESIDENCE (HOME) OF DECEASED	):
E	COUNTY Wicomico MARYLAND STATE Haryland COUNTY Wi	comico
gib	CITY (if outside corporate limits, write RURAL LENGTH OF STAY CITY (if outside corporate limits write RURAL OR and give nearest town)	L and give nearest town
efu]	TOWN Calisbury TOWN Salisbury	
carefully. The mid legibly.	HOSPITAL OR STREET (If rural, give loc ADDRESS	ation)
il in	STREET ADDRESS Peninsula General Hospital Westover Hill	
matic	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: (Type or Print) John Duncan, Jr. DEATH 12-	(Day) (Year) 31 - 19 55
information	6. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, S. DATE OF BIRTH: (Specify): Narried (Specify): Narried (Specify): Narried	
n of	10a. USUAL OCCUPATION (Give kind of work life, work done during foost of work life, even if retired):  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)  INDUSTRY:	: 12. CITIZEN OF WILL
ery item	13. FATIVER'S NAME:	
wvery	15/ WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:	•
Smpply ave	(Yes, no, or unk.) (If Yes, give war or dates of service)	Cr.
Smi	18. MEDICAL CERTIFICATION	, INTERVAL BETWEE
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.	ONSET AND DEAT
INK.	Immediate cause (a). Hemorrhage due to multiple stab wounds of chest	I DIA &
	Antecedent cause(s)	40 minutes
UNFADING Physiciams: 1	Diseases or conditions, if any, (b)	
AI	giving rise to the above cause DUE TO	
N S	stating underlying cause last (c)	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	
tan	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
DOT.	12-31-55  21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory,   21c. (City or town, (County))	Yes X No [
E PLAINLY, WITH ESPECIALLY important.	PRIMARY To or CONTRIBUTING OF street, affice bldg., etc., CAUSE OF ADEATH.  OF Street, affice bldg., etc., Salisbury Wicomico	Haryland.
ZA	21d. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
LA cial	OF INJURY 12_ 31 55 12 My North at work & Stabbed by mother man in	fight.
P Spe	22. I hereby certify that I took charge of the remains described above, held an Autopsy A, Inspection	
	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Un	
WRITE ge is as	SIGNATURE  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	DATE SIGNED 1-3-56
豆	23. RURIAL, CREMATION, DATE THERION NAME OF CEMETERY OR CREMATORY LOCATION ICity, town	or county) (State)
A	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 124. FYNERAL MIRECTOR	ADDRESS
PL	REG-4-56 (Mary W. Holloway) Broken In West	Talichen 1771

S'AGE.

· / NA+-

VS. A15A - 5 - 53

12511
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RI<sub>2</sub>2A(1)

### MEDICAL EXAMINER'S CERTIFICATE

MEDICINE BENEVICES				I AJIKK J	110	~	A 7 1
1. PLACE OF DEATH;	1, 2,	USUAL RESIDEN	CE (HOME)	OF DECEASED	:		
COUNTY Wicomico MARYL	AND	STATE Maryl	and cou	NTY Wi	comico		
CITY (If outside corporate limits, write RURAL OR and give nearest town)  12 TOWN Sall Boury  CITY (If outside corporate limits, write RURAL (in the corporate limits) (in the corporate limit	OF STAY s place) (YS	CITY (If outside OR TOWN Shar	ptown	ts write RURAI	L and give	nearest	town)
CHOSPITAL OR CINSTITUTION OR STREET ADDRESS Peninsula General Hospit		STREET ADDRESS	n Street	rural, give locat	tion)	1	
3, NAME OF (First) (Middle)		nst)	4. DATE	(Month)	(Day)	(Year)	
DECEASED: (Type or Print) Calvert Thomas	E	liott	OF DEATH	12	9	19	55
5. SEX:  6. COLOR OR 7. SINGLE, MARRIED. WIDOWED, DIVORCEI (Specify): Married	Auga	22. 1899	56	irthday: ir UND Month	a Days	Hours	Min.
work done during most of work life, even if retired): Machinist   Manfg.	SINESS OR	11. BIRTHPLACI		oreign country):	Cot	IZEN OF UNTRY?	WIIA?
13. FATHER'S NAME:	14	MOTHER'S MA			·U	- M-	
William E. Elliott		Hessie	Robinson	า			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of		INFORMANT &	ADDRESS:				
No   service)		rs. Mary E	LIIOU-W.	110.	<del></del>		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA		CERTIFICATION			1	THEVAL IS NEET AND hours	DEATH
DUE TO							
Antecedent cause(s)  Diseases or conditions, if any, (b)  giving rise to the above cause DUE TO	s.		* ***			2. day	ra .
	ed left	thumbs comp	ound fra	cture.	1	0 day	78
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPE					20	. AUTOI	
1-8-55 Tracheotomy.						Yes 🔯	No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING E OF Street, office INJURY Fact	rm, factory, e bldg., etc.,	21c. (City or tov		(County)		(State)	
CAUSE OF DEATH. INJURY Fact	ory	Hebron	NIUPY OCCI	omi co	Ma	aryla	nd
INJURY 11 50 55 M.   work4	Not while	Caught thu	mb betwe	en a chai			
22. I hereby certify that I took charge of the remaind find that death resulted from: Natural causes SIGNATURE	ns described Accident	t <b>K</b> ) , Suicide Deèvi	Autopsy	ide [], Une EXAMINER EXAMINER	determin	quiry [ ned can DATE SI	use 🗍
12/10/AL (Specify): 12/12/15 742	Consense	OR CREMATORY	246	N (City, town,	or county	سر	State)
RIG - 2-6- PARTY AR'S SIGNATURE	error 1	24 EUNERAL DI	RECTURE	and do	1. 8	ADDR	ESS

BUREAU V.

DEC 14 1955

this s

All Rouns after death. After director, the third copy of

the registrar within in by the funeral

Contribute to the contribute of the state of the death certificate be filled with contribute has been executed by the attending playsician and comments filled death certificate assembly slimit be letached for use as a burial transit permit.

# 12512 CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Wicomico	MARYLAND	STATE Paryland county	
City (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporete limits, write RURAL end give ne	erest town)
TOWN Clisting, Ecryla	nd  2 yr. 4 mo.1	lariown Delmar	
HOSPITAL OR INSTITUTION OR		STREET (If rural give location) ADDRESS	
	State Hospital	Rt. #3	
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Yaer)
(Type or Print) Sam	Eva	ns DEATH Doc.	7.7 19 55
	GLE, MARRIED, 8. DATE		R 1 YEAR   IF UNDER 24 HRS.
The Torno (Sp.		1c. 25, 1301 63 yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if	106, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
ratired) unk	unk	Virginia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	71021
George Ev <b>an</b> s		l'innie Day	
15. WAS DECEASED EVER IN U. S. ARMED FORCE		17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yas, give wer or dates of sen	unk	Hospital Records	
I DISEASES OR CONDITIONS DIRECTLY LEADING	15. MEDICAL CE		INTERVAL BETWEEN ONSET AND DEATH
		erebral Hemorrhage	
immediate code (A)	1100 22 10110 0	oro Adr Homorrhage	5 min.
ANTECEDENT CAUSE(S) DUE TO	Ilvpertensiv	e Cardiovascular diceale	7.
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING LIMBERTYING CAUSE LAST DUE TO	# I	The state of the s	
STATING UNDERLYING CAUSE LAST. DUE TO	Arterioscle	rosis General	ank
TO THE DEATH BUT NOT RELATED TO THE	3		
DISEASE OR CONDITION CAUSING DEATH.	FINDINGS OF OPERATION		
The DAIL OF OFERENON	FINDINGS OF OPERATION		YES NO
216. ACCIDENT WAS UNDERLYING 216. P OR CONTRIBUTING CAUSE OF DEATH OF INJU- (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE (Home, farm, factory, JRY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	nty} (State)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (F	our) 21a. INJURY OCCURRED While Not white M. at work et work	2 If. HOW DID MUNKY OCCUR?	
22. I hereby certify that I attended		30 , 19 53 , to Deca 11 , 19 55 , that I	fact our the decreed
oline on Dog. 11. 10 55	and that death accurred	at 6:55 AM, from the causes and on the date state	iggt 29M tub deceased
SIGNATURE :		ADDRESS (Street, city, town, stete)	DATE SIGNED
Dr V. jueru	an M.D.	Salisbury, Maryland	Dec. 11, 1955
23 BURIAL, CREMATION, DATE THEREO	NAME OF CEMETERY O	R CREMATORY LOCATION (City, town, or count	
Dured 12-14	55 Theen	10/ Cres Dalideur	ma
24. REC'D BY REGISTRAR REGISTRAR'S  DATE 12-20-55 Mary	//	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 12 2000 mary	w. Noceman	Janker 110 ge	The last of the la

70. 1924

12513

# CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASE	D
COUNTY Wicomico	MARYLAND	STATE Maryls	and county Balti	more City
CITY (If outside corporate limits, write RURAL OR end give naerest town)	LENGTH OF STAY (In this place)	CITY (Il outside corp	parate fimits, write RURAL end give nee	erest town)
Town Salisbury	35 months	TOWN Balt	imore	۵
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(3) rural give location)	
STREET ADDRESS Deer's Head State	Hospital	280	L Edison Highway	.5
	(iddle)	(Lest)	4. DATE (Month)	(Day) (Yeer)
(Type of Print) George Jose	ph Fi	itch	DEATH DOC.	13 , 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED		F BIRTH	9. AGE fest birthday   IF UNDE	R 1 YEAR IF UNDER 24 HRS
Male White (Specify) Jido	wed 5/1	7/1882	73 yrs. Months	Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND	OF BUSINESS	11 BIRTHPLACE (State or for	12	2. CITIZEN OF WHAT
done during most of working lifa, even if OR if retired) Unknown	NDUSTRY	Baltimore,	Marwland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		001
James Fitch		Mary Ro	oth	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (N Yas, give war or detes of service)	?	Hospital	L Records	
	18. MEDICAL CER		- 1000148	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH
IMMEDIATE CAUSE (A)Cer	ebrel thrombo	osis	·	5 days
ANTECEDENT CAUSE(S) DUE TO	eriosclerosis	general		?
GIVING PISE TO THE ABOVE CALISE	,01 1000101 0D1E	s, gonoraz		-
STATING UNDERLYING CAUSE LAST, DUE TO				
LI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			3.1	
TO THE DEATH BUT NOT RELATED TO THE HYD	ertensive ar	cerioscierotic	cardiovascular	?
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
21a, ACCIDENT WAS UNDERLYING T 1 21b, PLACE (Home.	f (	1 14 170 F FOR HALL BOW CO. CO.		YES NO
21a. ACCIOENT WAS UNDERLYING  OR CONTRIBUTING  OF CONTRIBUTING  OF LOADS OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ice bldg., etc.)	TE. WHERE DID INJURY O CCI	JR? (City or lown) (Cou	nty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a, I While	NJURY OCCURRED	21f. HOW DID INJURY OCC	UR ?	
M. at wor	k al work			
22. I hereby certify that I attended the deceas				
alive on Dec. 12, 1955, and I	hat death occurred at	2:20A.M, from the	causes and on the date state	ad above.
		ADI	DRESS (Street, city, town, stelle)	DATE SIGNED
SIGNATURE 41. 6 Juerenan		Salish	Head State Hospi iry Maryland LOCATION TCity, town, or country	12/13/55
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or count	y) (State)
Jurial Dec. 16, 1955	Bak Lawn C	Cemetery	Baltimore, Md.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	0	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE Nec. 16. 195 / Mary 2/2	Hollower	2601-3-5 E	meral Home, Inc.	

) DEC

NSTRUCTIONS

ours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12493

Reg. Dist. No. .....

# 12514 CERTIFICATE OF DEATH

1. PLACE OF DEATH	
Tana di marir	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMULT	STATE MARVIANDOUNTY SOMERSET
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (Il outsida corporete limits, write RURAL end give neerest town)
TOWN SALL SOURU (In this place)	10WN PRINCESS ANNE
HOSPITAL OR	STREET (Il rurel give location)
INSTITUTION OR STREET ADDRESS SOCIALITY STREET ADDRESS SOCIALITY STREET ADDRESS	ADDRES\$
- ANSILVATION STIVING THE WITH THE PARTY TO SE	RULAL AZ
3. NAME OF (First) (Middle)	(Lest) 4, DATE (Month) (Day) (Year)
(Type or Print) TTTPO/d . 6	-IDDONS DEATH JEC. 17 19 J
	E OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
MA RACE WIDOWED, DIVORCED, MA	V-10-1873 82 yrs. Months Deys Heurs Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, agen if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retirad PETARED FARMER (AWN)	MARKLAND SISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ISAAC GIBBONS	PRECILLA PARONS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of sarvice)	HARDLD M. GIBRONS, JR
18. MEDICAL C	ERTIFICATION SALTANIMIAN BETWEEN
& DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH )	ONSET AND DEATH
IMMEDIATE CAUSE (A) Carder 7	ascular rual diarras
	ascular rual diosego
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY. (8)	ascular renal diarres
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8)	ascular rual diarres
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)	ascular rual diares
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	ascular renal diarres
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	20. AUTOPSY?
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	20. AUTOPSY? YES NO
ANTECEDENT CAUSE(S) DUE TO  DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, OF TO THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED While Not white	YES NO
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, OUE TO (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white of work of eithers.	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING   OF INJURY Street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) While Not white of work   et work   OF INJURY OCCURRED While Not white of INJURY OCCURRED WHILE NOT WHITE OF INJURY OCCURRED WHILE NOT WHITE OF INJURY OCCURRED WHITE OC	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?  21l. HOW DID INJURY OCCUR?  19 1 1 1 last saw the deceased
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  OF CONTRIBUTION  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT WAS UNDERLYING   OF INJURY Street, office bidg., etc.)  17c. TIME OF INJURY (Month) (Day) (Year) (Hour) Contribution of work of wor	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?
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ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While work et work et work  22. I hereby certify that I attended the deceased from 12 10 10 10 10 10 10 10 10 10 10 10 10 10	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?  19
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While   Not white et work   et work   et work   et work    22. I hereby certify that I attended the deceased from	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?  19
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (PETITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While et work   et work   et work   et work   delivered signature  22. I hereby certify that I attended the deceased from	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?  22l. HOW DID INJURY OCCU
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white et work  22. I hereby certify that I attended the deceased from 12 10 10 10 10 10 10 10 10 10 10 10 10 10	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?  21l. HOW DID INJURY OCCU
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C)  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While   Not white et work   et work   et work   et work    22. I hereby certify that I attended the deceased from	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?  22l. HOW DID INJURY OCCU
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not white et work  22. I hereby certify that I attended the deceased from 12 10 10 10 10 10 10 10 10 10 10 10 10 10	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  21l. HOW DID INJURY OCCUR?  21l. HOW DID INJURY OCCU

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12494

### 1251 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEASE	D
COUNTY WICOTRICO	MARYLANII	STATE Maryla	and county Ta.	lbot
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpora	le limits, write RURAL and give ne	erest town)
OR and give nearest town)	(in this place)	OR		
x c' Dalisbury	2 months	Town Tilgh	an	Jan Ya La
HOSPITAL OR INSTITUTION OR		STREET	(If rure) give location	
G/ STREET ADDRESS Deer's Head State 1	Hospital	ADDRESS		
11	+			
COUNTY WATER	kddle)	(Last)	4. DATE (Month)	(Day) (Yaar)
(Type or Print) Alfred Jai	mes H	larrison	DEATH Dec.	11 10 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED				17
RACE WIDOWED, DIVO	RCED,		AGE lest birthdey   IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
Male White (Specify) Mar	ried 2/23	/1875	80 yrs. Months	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
done during most of working life, even if OR II	NDUSTRY			COUNTRY?
(effired) Unknown -	-	Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
170 m m 4				
William Harrison		7		
	SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS	
(Yes, no, or unk.) (if Yes, give wer or detes of service)				
Unk,	7	Hospital	records	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		ONSET AND DEATH
IMMEDIATE CAUSE (A) HYDOS	tatic pneumon	118		3 days
ANTECEDENT CAUSE(S) SENTECTOR				
DISEASES OR CONDITIONS, IF ANY, (B) Arter	iosclerotic c	ardiovascular d	lisease	?
GIVING RISE TO THE ABOVE CAUSE			110	
STATING UNDERLYING CAUSE LAST. DUE TO				
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			· · · · · · · · · · · · · · · · · · ·	
TO THE DEATH BUT NOT RELATED TO THE Inte	rtrochanteric	fracture of ri	ght femur	
DISEASE OR CONDITION CAUSING DEATH.			-6-1-0	
194 DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
				YES NO X
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa,	farm, factory, 2	TIC. WHERE DID INJURY OCCUR?	(City or town) (Coo	unty) (Stete)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off	ice bldg., etc.)			, , , , , , , , , , , , , , , , , , , ,
	NJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
White	Not while	28. NOW DID INSORT OCCUR?		
M et wor	k 🔲 el work 🔲			
22. I hereby certify that   attended the decease	ed from Oct. 6	19 55 to Dec.	17 10 55 16-1	I last save the decreed
alive on DOC 111 19.55 , and t	hat death occurred at	5:40.BM, from the car		ed above.
SIGNATURE	7 77 35-7 3	ADDRI	ESE (Street, city, town, state)	DATE SIGNED
· · · · · · · · · · · · · · · · · · ·	ALL V . J'USLLCI	ve, M.D.; Deer's	Head Hospital	12/12/55
23 BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, Jown, or count	ly) (State)
REMOVAL (SPECIFY)		2. 4	11.7	. 12/6 5
Miller 19190	/ Llghmulm h	1.6.	Mymen / de	Cort Trek
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	/	, 25. FUNERAL DIRECTOR'S SI	GNATORE	ADDRESS
DEC1 - 1/1. 2/5/0	0	11 6 17m	4.01	
DATE TURY OF HELD	Courses of	H. F. Podo // Lo	028 / chy 12	mon Ind
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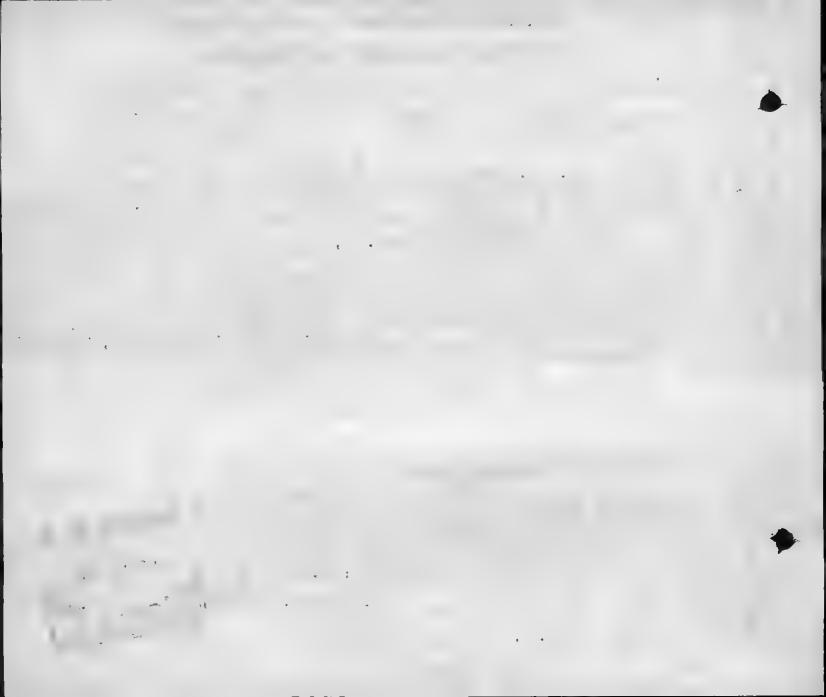
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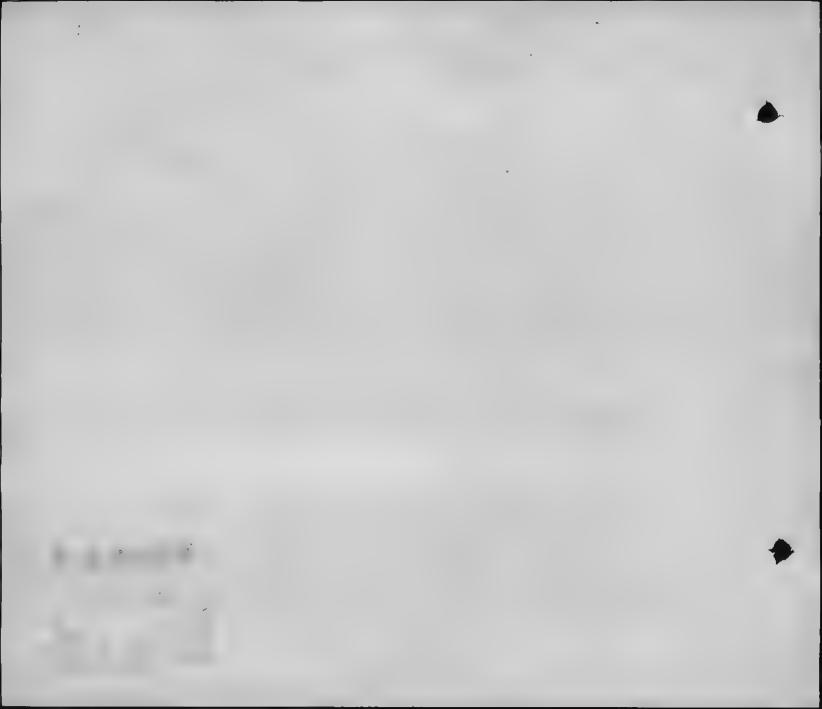
MSTRUCTIONS

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12516 CERTIFICATE OF DEATH

Dr. Beardsley	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY WICOMICO MARYLAND	STATE Maryland COUNTY Vicomico
CITY (If outside corporate limits, write RURAL OR end give nearest town) Salisbury (In this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pon. Gen. Hospital	STREET (If ruret give location) ADDRESS ANN ST
3. NAME OF (First) (Middle) DECEASED (Type or Print) MARY ELLEN	HEARNE DEC. 17 th 55
RACE WIDOWED, DIVORCED,	te 11, 1889  9. AGE less birthday   15 UNDER 1 YEAR   15 UNDER 24 HRS.   Months   Days   Hours   Mon.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) House Work at Home	11. SIRTHPLACE (State or foreign country)  Salisbury, Maryland  USA
Asbury Elliott	14. MOTHER'S MAIDEN NAME Laura Perdue
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or dates of service)	Mr. Gardner T. Hearne (Husband) Pine Blui State Hospital - Seliabury, Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, #F ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	délect des leur server onset and de la leur server onset a
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO X
21a ACCIDENT WAS UNDERLYING 21b. PLACE (Home, term, tectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or fown) (County) (Stata)
21d, TIME OF INJURY (Month) (Day) (Yesr) (Hour) 21a, INJURY OCCURRED White Not white at work	211. HOW DID INJURY OCCUR?
SIGNATURE  3 BURIAL CERMATION  1 DATE THEFFOR SHARE OF CEMETERY	d at 6:05P M, from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  E. Church St. Salisbury, Maryland  Dec. 19 1956
Burial Dec. 1955 Parsons Co	em <b>barry</b> Salisbury, Maryland
DATE REC'D BY REGISTRAR - REGISTRAR'S SIGNATURE Many IT. Hallways	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12499 12510 CERTIFICATE OF DEATH

<b>&gt;</b>	75010	1116. 2101. 110 37 (
_ file 5	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ire	COUNTY WICOMICO MARYLAND	state Maryland county Worcester
tion careful	CITY (If outside corporate limits, write RURAL COR and give nearest town)  TOWN Salisbury 4 months	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN POCOMOKE City
sti.	HOSPITAL OR	TOCOMORE OTCY
il li	INSTITUTION OR	ADDRESS
for	STREET ADDRESS Riverside Nursing Home	930 Second Street
h h	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
of	(Type or Print) SALLIE E. JACK	(SON DEATH Dec. 24 19 55
Supply every item of information carefully. te the causes of death clearly and legibly.	Female White Specify): Widowed 18	month unk S. AGE last birthday Frunder 1 YEAR Hours Min.
every causes		11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
ent ent	work done during most of working life. OR INDUSTRY:	COUNTRY?
Z 2 2	Hogsewile	Virginia USA
op!	13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
K. Supply write the	Joesiah Russell	Susan Beasley
m agel	18. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yes, no. or unk.) (If Yes, give war or dates No of service)	Mrs Mary Bundick
eri .	18. MEDICAL CERTIFICAT	Leemont, Virginia
ADING s: ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	151x	
A. A.	IMMEDIATE CAUSE (A)	dead tombers
NESER UNFAI	ANTECEDENT CAUSE (8)	
	DISEASES OR CONDITIONS, IF ANY, (B)	t) Itomarch
WITH at. Phys	GIVING RISE TO THE ABOVE CAUSE DUE TO	
<i>&gt;</i>	(C)	
4 5	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E 연합	TO THE DEATH BUT NOT RELATED TO THE	
AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH.	
AI iii	TO STATE OF	20. AUTOPS 17
F F		
WRITE PLAINLY, especially imports	21A ACCIDENT WAS UNDERLYING   21B PLACE (Home, farm, fact OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
/R.	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?
	M, at work at work	
6 O	22. I hereby certify that I attended the deceased from /2-/	1, 1957, to /2/24, 1957, that I last saw the deceased
		in the second
12 to	alive on 12/24, 19 33, and that death occurred at Signature	// H.M. from the causes and on the date stated above. ADDRESS DATE SIGNED,
SE TY1	1/1/2 1/1/3 / /- 1/1/4	
PLEASE TYPE		ERY OR CREMATORY   LOCATION (City, towns or county) (State)
A	REMOVAL (SPECIFY)	, , , , , , , , , , , , , , , , , , , ,
	Burial Dec.26, 1955 Remson Ce	
P	REGISTRAR S 5 Mary 10. Holloway	24. FUNERAL DIRECTOR ADDRESS
	12-2000 Marylu. Nocionay	HENRY H. WATSON Pocomoke, Maryland

I M M A C

030

DECENIL

DR. W. Fisher MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF Reg. Dist. No. carefully I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. Maryland COUNTY COUNTY MARYLAND (If outside corporate limits, write RURAL) (In this place) CITY(If outside corporate limits, write RURAL and give nearest town) and OR and give nearest town) OR of information **₹ TOWN** TOWN HOSPITAL OR STREET (If rural give location) clearly CAINSTITUTION OR ADDRESS STREET ADDRESS (Middle) (Last) S. NAME OF DATE (Month) (Day) death DECEASED: OF (Type or Print) DEATH: item SINGLE, MARRIED DATE OF BUTTH: COLOR OR |7. 9. AGE last birthday! IF UNDER I YEAR IF UNDER NA WIDOWED, DIVORCED, Months Days (Specify): every causes USUAL OCCUPATION (Give kind of KIND OF BUSINESS BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT 10a. work dong during most of working life, OR INDUSTR BINDING even if mefired): Supply 13. FATHER'S NAME: MOTHER'S MAIDEN NAME: the te 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS L IS. SOCIAL SECURITY NO. INK. Ď (Yes, no, or unk.) (If Yes, give war or dates of service) ease 18. MEDICAL CERTIFICATION ADING MARGIN RESERVED I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 덥 ONSET AND DEATH sicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. B (C) important, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: I 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES [ PL 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21c. WHERE DID (City or town) (County) (State) WRITE INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while OF INJURY at work at work 2 0 22. I hereby certify that I attended the deceased from TYPE and that death occurred at 6. AM, from the causes and on the date stated above. alive on ..... SIGNATURF **ADDRESS** DATE SIGNED SE OCATION (City, town, or county) 23. BURIAL, CREMATION. NAME OF DATE CEMETERY OR CREMATORY REMOVAL (SPECIFY) DATE, BEC'D BY LOCAL FUNERAL DIRECTOR ADDRESS REGISTRAR!

S.V UALL

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F. M. A. E

DECENCED

MARYL	AND STATE DEPARTMEN	T OF HEALTH-BALTI	MORE, 18	
12522	CERTIFICATE	OF DEATH	Reg. Dist. No	2503
1. PLACE OF DEATH		2. USUAL RESIDENCE (HO	ME) OF DECEASED	
COUNTY Wicomico CITY (If outside corporate limits, write RUE OR end give neerest town) TOWN Salisbury	(in this plece)	OR	COUNTY Wicomico write RURAL end give neerest town)	ACCESSION OF THE PARTY OF THE P
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - 1	111111111111111111111111111111111111111	STREET ADDRESS 119 Firs	sbury (If rure) give location)  t Street	**************************************
3. NAME OF (First) DECEASED (Type or Print) William	(Mddle) Alexander J	(Lost) 4. E	PEATH 12 - 28 -	
Male A.A.	Married	879	76 yrs. Months Days	F UNDER 24 HRS. Hours   Min.
10e USUAL OCCUPATION [Give kind of work done during most of working life, even if refired] Laborer  13. FATHER'S NAME	OR INDUSTRY	I. BIRTHPLACE (State or foreign country)  uantico, Wicomico  14. MOTHER'S MAIDEN NAME	COUNTR	USA
	LA Jones  PRESS? I 16. SOCIAL SECURITY NO.	Ellen Wea		
(Yes, no, or unk.) (If Yes, give wer or detes of NO	None	Mrs. Bertha Bre	Salisbury, wington, 119 Firs	AL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING (A	110 shall	Hemorrh	onset 100	AND DEATH
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	TO Consoli	fore	3nd	efinite
1) OTHER SIGNIFICANT CONDITIONS CONTRIBUTED THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	JTING			
21a, ACCIDENT WAS UNDERLYING   211 OR CONTRIBUTING   CAUSE OF DEATH   OF	UOR FINDINGS OF OPERATION  D. PLACE (Home, farm, factory, INJURY street, office bidg., etc.)	. WHERE DID INJURY OCCUR? (City of	YES [	NO (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year)	(Hour) 21e. INJURY OCCURRED While Not while at work et work	F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attend alive on 19.5.	ed the deceased from 900	M, from the causes an		the deceased
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BUTIAT			ONLYCity, town, or county)	(Shate)
	1-56 Church Cem R's SIGNATURE  W. Holloway	25. FUNERAL DIRECTOR'S SIGNATUR	as a distillunity	um Md
	1 83	Ÿ		1/



(Day)

Days

mbe

(Year)

Hours

12. CITIZEN OF WHAT

ONSET AND DEATH

11

(County)

DATE SIGNED

20. AUTOPSY? NO

(State)

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BUTEAU V. S.

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death

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requires that the attending pr

The law

DIRECTOR:

FUNERAL

SICIAN

filed

physician.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

12505

Reg. Dist. No. . ..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED comic ROG COUNTY 0 COUNTY / STATE MARYLAND (If outside corporate limits, write RURAL and give nearest town (If autside corporeta fimits, write RURAL LENGTH OF STAY CITY OR OR and give neerest town) (in this piece) TOWN TOWN STREET (If rural give location) HOSPITAL OR INSTITUTION OR **ADDRESS** STREET ADDRESS 3. NAME OF (Middle) (Month) (Day) (Year) DATE (Last) DECEASED (Typa or Print) 19-1-1 SINGLE, MARRIED, WIDOWED, DIVORCED, SEX COLOR OR AGE lest birthdey IF UNDER 1 YEAR 1# UNDER 24 HRS DATE OF BIRTH RACE Months Hours Days (Specify) Widowed 8 KIND OF BUSINESS 1De. USUAL OCCUPATION (Give kind of work 11. 12. CITIZEN OF WHAT OR INDUSTRY COUNTRY? dona during most of working life, even if 13. FATHER'S NAME URBING-14. MOTHER'S MAIDEN NAME RANCI 16. SOCIAL SECURITY NO (If Yes, give mar, or deles of service) INTERVAL BETWEEN 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [ NO 218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Year) While Not while at work at work ..., to 17/1...., 19 17 , that I last saw the deceased 22. I hereby certify that I attended the deceased from...... 19 4 19.5.3. And that death occurred ale 30 MM, from the causes and on the date stated above alive on...... SIGNATURE, 10M M. D. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. DATE THEREOF LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) 3 8 1JURIT 24) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** DATE

DEC

this MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After of of 12506 copy CERTIFICATE OF DEATH 12525 Reg. Dist. No. 332 # 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED afte the state COUNTY (If outside corporeta limits, write RURAL hours MARYLAND COUNTY director, LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest town) and give nearest lown) (In this place) OR TOWN( TOWN HOSPITAL OR STREET (Il rurel give location) INSTITUTION OR **ADDRESS** funeral STREET ADDRESS 3. NAME OF (Middle) (Lest) DATE (Month) (Year) DECEASED strar OF the (Type or Print) DEATH 119 4 5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 6 y DATE OF BIRTH IF UNDER 24 HRS AGE lest birthday IF UNDER 1 YEAR RACE . WIDOWED, DIVORCED, Deys Months Hours Min (Specify) the Yrs. .5 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or foreign country) 11. CIT ZEN OF WHAT with done during most of working life, even If OR INDUSTRY COUNTRY? ii ed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME completely 15. WAS DECEASED EVER IN U. S. ARMED FORCES? physician. 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. death certificate (If Yes, give wer or dates of service) (Yes, no, or unk.) -1 and INTERVAL BETWEEN altending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician 50 IMMEDIATE CAUSE TAI 020 DUE TO ANTECEDENT CAUSE(S) requires that the DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. attending p hospital DUE TO etached II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. the d 99 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? law by t YES 📝 NO be refained P The 21a. ACC DENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 21c. WHERE DID INJURY OCCUR? (City or fown) (County) (State) ICIAN executed OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while al work et work peen 22. I hereby certify that I attended the deceased from 2,25,1, 1955, to 2, that I last saw the deceased certificate has FUNERAL SIGNATURE MOI MOI ADDRESS (Street, city, town, stete) DATE SIGNED certificate The M.D. death 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stata) A15C REMOVAL (SPECIFY) 51 )austura REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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**INSTRUCTIONS** 

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12528

CERTIFICATE OF DEATH

12509

Dr. Harry Mattex				teg. Dist.	No
1. PLACE OF DEATH			ENCE (HOME) OF	PECEASED	
COUNTY Wicomico MARYLA	ND I	STATE Delma	COUNTY	Sus	SSCX
CITY (If outside comporate limits, write RURA)   LENGTH OF	STAY	CITY (If outside co	rporate limits, write RURAL		it town)
OR and give nearest lown Salisbury (in this ple	eca)	or TOWN Deln			
		25 0 21.			40 'so X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital		ADDRESS Jev	vell St.	ive location)	4
3. NAME OF (First) (Middla)	(L	est)	4. DATE (Mc	onth) (	Dey) (Year)
(Type or Print) FILLA VIRGINIA	PAE		DEATH	DEC.	24 th 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF B	IRTH	9. AGE last birthdey	IF UNDER 1	
Female   White   (Specify) Widowed	Dec. 26,		73 yes.		Hours Min
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11.	BIRTHPLACE (State or fo	reign country)	12,	CITIZEN OF WHAT
retired) House Work at Home	N	Manticoke, N	iaryland		USA
3. FATHER'S NAME		14. MOTHER'S MAIDE			
Alphens Rencher		Annie Ro			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	RITY NO.	17. INFORMANT	a ADDRESS Parks (	7 \ 7	
(Yes, no, or unk.) (If Yes, give wer or dates of service)		Mr. Luthe	New Castle,	Son Swi	HIWYCK GAR-
	ICAL CERTII	FICATION	Men Castre	Delewa	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1-4.	1	4		ONSET AND DEATH
IMMEDIATE CAUSE (A)	relic	Cell	sea		It tineus
AUG TA	A	10-0			17 202-100-
DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE	The m	villebec	al .		years
STATING UNDERLYING CAUSE LAST. DUE TO					(/
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?
					YES NO IN
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc., [ff Either, NOTIFY MEDICAL EXAMINER]	21c.	WHERE DID INJURY OC	CUR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCUR		HOW DID INJURY OC	CUR?		
M, at work at wo	while ork				
22. I hereby certify that I attended the deceased from.	2122	10 CC I	2/24		
		., 19 to		, mar I la	ist saw the decease
alive on, 19, and that death o	ccurred at				above.
SIGNATURE / TILL			DRESS (Street, city, to		DATE SIGNE
Havy many			isbury.Maryl	Land 1	Dec. 27 195
REMOVAL (SPECIFY)	E/METERY OR CRE		LOCATION (City, toy		(State)
Buriel Dec. 26, 1955 Wycom	ico Memo	rial Park	Salisb	ury, Ma	ryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR			DORESS
nate LO 1955 Mary St. Hollow	vaya	HOLLOWAY &	COMPANY SA		MARYLAND
	0	<del></del>		<del></del>	

DEC 88 1955

BUREAU V. 1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 After 70 CERTIFICATE OF DEATH Reg. Dist. No.... after deg I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED hours affe MARYLAND Maryland COUNTY 72 hours (Il outsida corporate limits, writa RURAL LENGTH OF STAY (If outside corposite limits, write RURAL and give naerest town and give naarast town) OR (in this place) TOWN TOWN HOSPITAL OR STREET INSTITUTION OR ADDRESS within STREET ADDRESS Mt. Hermon Road. Mt. Hermon Road. 3. NAME OF DATE (Month) Parsons! (Day) (Yaar) DECEASED (Typa or Print) Lrene Pa DEATH / 2 VICTIDIA r 50715 19 5 5 S. SEX SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, (Specify) Widowed Months Days Hours Nov. 28, 1896. 후면 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY U.S.A. ratired) Housewife Homm Newark Maryland. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pletel Lula Hester Taylor Levi Bradford W. INFORMANI & ADDRESS M. Evans (Daughter) IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes) Jeg, or unk } (If Yes, give war or dates of service) R.D. #5 Quantico Rd. Salisbury. Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) that the DISEASES OR CONDITIONS, IF ANY, requires that the the attending p GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? law Id by NO F be retained shoul 210 ACCIDENT WAS UNDERLYING FT 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) RECTOR: The (County) CIAN (Stata) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev) (Yeer) (Hour) 21a, INJURY OCCURRED 211, HOW DID INJURY OCCUR? While Not while al work at work 22. I hereby certify that I attended the deceased from 9/5, 1955, to clear, 1955, that I last saw the deceased certificate has by alive on.....//.../...3........ FUNERAL SIGNATURE ADDRESS (Straet, city, town, state) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) Burial Dec. 6. 55. | Melsons Cemetery. R.D. Delmar, Maryland. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE Holloway & Co. Salisbury, Maryland, DATE

7 070

2

### 12530 CERTIFICATE OF DEATH

Br. Harry Mattox	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico MARYL	AND STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL OR and give neerest lown) TOWN Salisbury	
HOSP TAL OR INSTITUTION OR STREET ADDRESS  Pen. Gon. Hosp.	STREET ADDRESS E. Williams St
O. NAME OF (First) (Middle)  DECEASED (Type or Print) RAYMOND	PARSONS  4. DATE (Month) (Dey) (Yeer) PARSONS  DEATH DEC. 17 th
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spacify) Single	8. DATE OF BIRTH  9. AGE lest birthday  1894  9. AGE lest birthday  1894  1894  1894  1894  1894  1894  1894  1894
10a. USUAL OCCUPATION [Give kind of work done during most of working life, even if refired Chicken Grower Chicken	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John B. Parsons	Sallie M. Parsons
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECTION (N. Yas, give was or dates of servica)  Yes, We have I	Mr. Franklin Ehinger - 639 Homer St.  Salisbury, Maryland
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.	t Abrombon 2 who is clewn 10 yrs.
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	YES NO
PIO. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, form, factor or contributing ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	RRED 2% HOW DID INJURY OCCUR?
22. I hereby certify that I altended the deceased from	occurred at 7:00 AM, from the causes and on the date stated above.
SIGNATURE / Marly	ADDRESS (Street, city, town, state)  DATE SIGNE  M.D. Camden Ave. Salisbury, Maryland Dec. 19 19
REMOVAL (SPECIFY)	CEMETERY OR CREMATORY LOCATION (City, town, or county)  Sons Cemetery Salisbury, Maryland
PATE 1955 REGISTRAT'S SIGNATURE MALE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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## 12552 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12512

### No.332

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY VICONICO MARYLAND	STATE Maryland county Wicomico
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN   TOWN   CORPORATION   CORPORATION	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hebron
HOSPITAL OR INSTITUTION OR STREET ADDRESS R F D # 1	STREET (If rural, give location) ADDRESS
0	(Last)
M RACE: WIDOWED, DIVORCED, WIDOWED, S Jul	of Birth: y 23, 1889  9. AGE last blethday: If under 1 YEAR IF UNDER 24 HRS.  When the Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer Farming	Fennsylvania U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas R. Peirson	Anna C. Poist
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
service)	Leslie Pierson, Oxford, Pa.
18. MEDICA	L CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	PASETO IN DEATH
Immediate cause (a) Coronary artery	disease
Immediate cause (a) OF offer y at cory	
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	A A MARIE MANAGEMENT AND
	20. AUTOPSY? Yen   No C
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH.	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury M. work at work	214. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy 🔲, Inspection 🐧, Inquiry 🐧, and
	lent [], Suicide [], Homicide [], Undetermined cause [] CHIEF MEDICAL EXAMINER [] DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER A
CONTROL OF THE PARTY OF THE PAR	M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, DAY THEREOF NAME OF CEMETER REMOVAL (Specify): 12-21-55 NEW LONDON	
DATE RECED BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-20-55- Mary W. Helorray	Thomas + Wallace

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PHTSICIAN OR HOSPITAL: The

The bottom copy ATTENDING

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### 12532 CERTIFICATE OF DEATH

Dr. Gray

Reg. Dist. No....

1. PLACE OF DEATH	The state of the s	2. USUAL RESIDENCE (HOME) OF DECEAS	ED
WIcomico .		Marri and	Wicomico
COUNTY	MARYLAND NGTH OF STAY	STATE COUNTY	.,
OR end give nearest town)	(in this place)	CITY (If outside corporate limits, write RURA), and give a	seerest town)
/ TOWN Salisbury		TOWN Salisbury	
HOSPITAL OR		STREET (If sural give location	n)
INSTITUTION OR STREET ADDRESS 685 Fitzwater	5t	ADDRESS 685 Fitzwater St	
DECEASED TO TO THE TOTAL	,	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) Ettal ZABETH MA)		ATCLIFFE SEATH DEC.	29 th 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCE	8. DATE O	F BIRTH 9. AGE last birthday IF UND	DER 1 YEAR   IF UNDER 24 HRS
Female White (Specify) Widow	ed Amr.	17, 1872 .83 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b, KIND OF	BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if OR INDU	STRY		COUNTRY?
	Home	Kentucky	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Albert Newton Jett		Sallie Price	
· · · · · · · · · · · · · · · · · · ·	IAL SECURITY NO	Kathlyn Loboo McDaniel-68	E Withouten Ct
(Yes, no, or unk.) (If Yes, give wer or detes of service)			o Ritzwarer of
	8. MEDICAL CER	Selisbury, Maryland	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- 1		ONSET AND DEATH
IMMEDIATE CAUSE (A) Cardo	as track	and	6. hus
ANTECEDENT CALLEGE DUE TO		hundrens	
DISEASES OR CONDITIONS, IF ANY, (B)	trail 1	hundy	32M
GIVING RISE TO THE ABOVE CAUSE			
STATING UNDERLYING CAUSE LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
196. DATE OF OPERATION 196. MAJOR FINDINGS OF O	PERATION		20, AUTOPSY?
The second of th			AEZ NO KOK
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferr OR CONTRIBUTING 2AUSE OF DEATH OF INJURY street, office ( (IF EITHER, NOTIFY MEDICAL EXAMINER)	n, lactory, 2 pldg., etc.)	(Co. WHERE DID INJURY OCCUR? (City or town)	ounty) (State)
	RY OCCURRED	21. HOW DID INJURY OCCUR?	
M. et work	Not while		
22. I hereby certify that I attended the deceased		, 19 13 , 10 Lee 24 , 19 53 , that	4.4
110 Ace 25 and 7	110m	5 • OOD.	I last saw the deceased
alive on, 19, and that	death occurred at.	5: OOPM, from the causes and on the date sta	ited above.
SIGNATURE.		ADDRESS (Street, city, town, stete)	DATE SIGNED
Hallianh mas	M. D. C.	amden Ave. Salisbury, Maryland	Dec. 30 198
23. BURIAL, CREMATION, DATE THEREOF NA	AME OF CEMETERY OR	CREMATORY LOCATION (City, town, or cou	nly) (Stete)
	ersons Ceme		ryland
REGISTRAR'S SIGNATURE	/ 00	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
17.	Manage	HOLLOWAY & COMPANY SALISE	URY MARYLAND
DATE MERLE IV. A.	Moway_	HULLUWAY & CUMPANY SALISE	OFT PERTIDATE

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MSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12533

### CERTIFICATE OF DEATH

12515

Items 13,14 Film 190 12-16-5	5 et	Re	g. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DE	CEASED
COUNTY WICOMICO	MARYLAND	STATE SALS BILLY COUNTY (	Vicemico
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (#f outside corporate limits, write RURAL end	give neerest town)
OR end give nearest town)	(in this place)	TOWN C A F	
HOSPITAL OR	1	STREET (if furel give	location)
INSTITUTION OR OF STREET ADDRESS OF	1 11 - 1	ADDRESS	)
ion reninsula Genera		Edge mont A	venue
3. NAME OF (First) DECEASED	(Middle)	(Lest) 4. DATE (Month	(Day) (Yeer)
(Type or Print)		Revelle DEATHDEC	ember 5 19 5
5. SEX 6. COLOR OR 7. SINGLE, MA RACE WIDOWED,	RRIED, 8. DATE	OF BIRTH 9. AGE lest birthday	IF UNDER TYEAR IF UNDER 24 H
(Specify)	KIND OF BUSINESS	2-5-55 yrs.	Months Days Hours Mil
104. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT
done during most of working life, even if retired)	OR INDUSTRY		COUNTRY?
13. FATHER'S NAME		MARY JAND	LL.S.H.
William Revelle		Margaret Whedbee	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, rgs, or unk.) (If Yes, give wer or detes of service)			
	18. MEDICAL CE	ERTIFICATION	I INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H , J . 77	m your on	ONSET AND DEATH
773,5 IMMEDIATE CAUSE (A)	Mespool	ery Tackery	
ANTECEDENT CAUSE(S) DUE TO	0 +	.1	
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE	french	set.	
STATING UNDERLYING CAUSE LAST, DUE TO	· ·	/	
(c)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
190. DATE OF OPERATION   196. MAJOR FINDING	S OF OPERATION		20. AUTOPSY?
1			YES YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (HOOR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY STORE (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, term, factory, al, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown)	(County) (State)
	tie INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	Vhile Not while twork to the twork to the twork to the two		
22. I hereby certify that I attended the dec	cased from 12/5	, 19.55 , 10 1.2/0/ 19.5.5	Abab I last asset the decree
alive on 4.1.19.5.5 a	-4 -6-4 -4-4	at 4.00 RM, from the causes and on the da	' that I rapl 39 M the deces
BIGNATURE / 2/57/55	nd man deam occurred	al	
1. CC m	4071	- ( ) - 111	1 × / / //
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	DR CREMATORY LOCATION (City, town,	12/6/5
REMOVAL (SPECIFY)	- 10	TOTAL TOWN,	(Slete)
Constion Ide 7/53	Himmaria	Timeral Hopeter Salaly	u ma
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	RE 1 DA	25. PUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS
DATE 2-1-50 (HAMM)	HELLWALL	Perunousa Buesa Vitase	dal



executed within

MATRICATIONS

## #12 First after leath. After this director, the third copy of this the registrar within in by the funeral The bottom copy may be retained by the hospital or attending physicism. TO FUNERAL DIRECTOR: The law requires that the death currificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE OF DEATH 12534

12516

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico MARYLAND	statMd. W1convc1
CITY (If outside corporate fimits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give nearest town) (in this place)	OR TOWN O 3 & 3
TOWNS alisbury HOSPITAL OR	Salisbury
INSTITUTION OR	STREET (If rurel give location) ADDRESS
Spenchisula General Hospital	Church St.
3. NAME OF (First) (Middle) DECRASED	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print)	of Death Dec. 23 955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 18, DATE OF	
RACE WIDOWED, DIVORCED,	Months   Days   Hours   Min.
male white married Oct 23	3,1925 30 yrs.
done during most of working life, even if   OR INDUSTRY	II BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FillTing station attendent	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Amah Diamin	Inc II Iona
Arch Riggin  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Ing F. Long
(Yes, no. or unk.) (If Yes, give war or dates of sarvice)	
yes / War II 218-20-3009	Miss Elise Riggin Park Ave Apt.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	rification Salisbury, Marylandonset and Death
7 1	7
	rlaw Backsides 5 his
DISEASES OR CONDITIONS, IF ANY, (B) Tractore No & e	+ Right clavicle
	ARIGHT Clavicle
STATING UNDERLYING CAUSE LAST, DUE TO	Internol Hermorchage
TO THE DEATH BUT NOT RELATED TO THE 3 MG STOCK	· · · · · · · · · · · · · · · · · · ·
DISEASE OR CONDITION CAUSING DEATH	
	20. AUTOPSY? YES NO
21e. ACC DENT WAS UNDERLYING 1 21b PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	WHERE DID INJURY OCCUR? (City or hown) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Knincer Home 14-20 Someth mil
21d TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED White Not white	Hr. HOW DID INJURY OCCUR?
200 23-1955 455 PM. et work et work	Car acudent
22. I hereby certify that I attended the deceased is hill.	(18 the Out 19 , that I last saw the deceased
alive on Lec. 24, 19.55, and that death occurred at	102.20M, from the causes and on the date stated above.
At flusing mo Lafrely Welled	Kanener Brezin Come pet De 26-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	1 - Contraction of the contracti
Burial   T2_26_T055   Perryhawk:	cometery Near Princess Anne, Md.
A S ( C S S KEGISIKAK KEGISIKAK S SIGNATUKE	25. FUNEKAL DIRECTOR'S SIGNATURE ADDRESS
DATE / 2853 M. Cotal M. H. S. C. Wal	Levin R. Wilson
	ir incess Avie, Maryiano

2411 N. Charles Street, Baitimore

12517

### 12535

### CERTIFICATE OF DEATH

Reg. Dist. No. 332

1, PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico MARYLAND	STATE Delaware COUNTY SUSSEX
WICOMICO MARYLAND CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give pearest town) (in this place)	OB
Town Salisbury	Town Millsboro
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
INSTITUTION OR Peninsula General Hospi	dal
3. NAME OF (First) , (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) William	Rose DEATH December 6. 1955
5, SEX   6. COLOR OR RACE   7. SINGLA, MARRIED, X	ROSE   DEATH DECEMBER 6, 195
WIDOWHOLD DIVORCED	Char 9 0 10 69 / 2 Months Days Hours Min.
	1421. d. 7, 1872 6 3 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. AND OF BUSINESS OR days during most of working life, even if retired) INDUSTRIAL	M. BIRTHPLACE (State or foreign country) 12. (ITIZEN OF WHAT
Just Facust J. K.K.	Maryland KOR
13. FATHERS NAME	14. MOTHER'S/MAIDEN NAME
Undendana	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. ANDORMAN AND ADDRESS
(Yes, no, or unknown)   (If yes, give war or dates of	111. 1 -11/1 -1
(service)	Vilvo Kore - Millitore Dil.
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONEET AND DEATH
Marcoll.	1 On day to
Immediate cause (a)_ Myo couls	al Tufacco (12 day)
With the base of the same of t	
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	U 1967 99694 1180 45668
stating the underlying cause last	
(c)	1
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20, AUTOPSY?
198. DATE OF OPERATION 1886 MEASON PENDINGS OF OPERATION	ZU. AUTOPSYI
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While At work	
INJURE ME WOLK   AL WOLK	
22 I horoby cortify that I attended the deceased from 11-24.	, 19.55, to 12-6, 19.55, that I last saw the deceased
alive on	7. A.S., A.S., from the causes and on the date stated above.
SIGNATURE , (Degree or title)	ADDRESS DATE SIGNED
1. 00 . 00 000 1 110	= 1.00
William or elles. L. M. C.	Fall Celle, My. 12-6-25
23 OURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or county) (Sinte)
REMOVAL (Specify)	Contract Millel - N.T.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REO. 7 - L'A COA	De blanca de la Pitt
12 100 May W. Hollomay	you Jouany Hello Imanul
	711-1

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the mauses of dwarb clearly and legibly.

FOR-BINDING

MARGIN RESERVED

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INSTRUCTIONS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### 12536 CERTIFICATE OF DEATH

12518

Reg. Dist. No. 337

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY WIFOMICO MARYLAND	STATE MARULAND COUNTY WICOMICO
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corperate limits, write RURAL and give nearest town)
	OR end give nearest town) (in this pleca)	TOWN Mandala O missa
	12 DALISINGRY	THRACKH JIRINGG X
	HOSPITAL OR INSTITUTION OR	STREET (If rural give (position)
	82 STREET ADDRESS PENINGIN LA PENERAL HUCALTA	ADDRESS
	3. NAME OF (First) (Middle)	(Lost) 4. DATE (Month) (Day) (Year)
	DECEASED	(Lest) 4. DATE (Month) (Day) (Year)
	(Typa or Print) PRIES	JUDAK, DEATH LOCOMBER 3 10 55
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF	
	RACE WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.
	11150 191110 1 1177	
	10a, USUAL OCCUPATION (Giva kind of work lob, KIND OF BUSINESS lobouring most of working life, evan If OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	reliend at 1 1 1 1	Back COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	O. PAIRENS HAME	14. WOLLICK, 2 WAIDEN NAME
	JOS2017 11/1/201	LINKNOININI.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS D 200 C C P I
,	(Yes, no, or unk.) (If Yes, give war or dates of service)	DAUITO SIETION RE
	- NO 16-01-037	1 + 12 Melyer CRuby/ Box 658, New
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN
	Market Son Conditions directly tending to death	ONSET AND DEATH
	17 7 IMMEDIATE CAUSE METERS APRIL COLLEGE COMME	E OR CHILL ALIMEN LINGHELLIN
	ANTECEDENT CAUSE(S) DUE TO	./9/
	DISEASES OR CONDITIONS, IF ANY, (B) CENTRE MY	ind
	GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST. DUE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
	21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home, farm, factory, 21	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		M. HOW DID INJURY OCCUR?
	While real Not while real	
	M. at work L at work L	
	22. I hereby certify that I attended the deceased from	19 to 7-13 19 that I last saw the deceased
	alive on(23, 195, and that death occurred at	
~	SIGNATURE .	
10M	1. 16. 5 666	ADDRESS (Street, city, lown, state) DATE SIGNED
53	William The M.O.	Jake 0 blue, Ma, 12-355
A15C 1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (	CREMATORY JOCATION (City, town, or county) (State)
15(	2	B 11
VS A	24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
>	n signal	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	parte 1 1 Mary 11 Stollaron	Jassalin Funned Home 7401 Betain Ro
	// // // // // // // //	The state of the s
	U U	

BUREAU V. S.

DEC e 19E

MARGIN RESERVED

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12540

12537

### CERTIFICATE OF DEATH

Reg. Dist. No. 332.

1. PLACE OF DEATH- COUNTY () MARYLAND	2. USI AL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate insits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR	TOWN STREET ADDRESS (IFrural, tye location)
STREET ADDRESS Since Streets  3. NAME OF (First) (Middle)	(Last) (A DATE (Month) (Day), (Year)
(Type or Print) Welliam James Se	Level A. DATE (Month) (Day) (Year) OF DESMINABLE 28 1945
5. SEX  6. COLOR OR RACE  WIDOWED, DIVORCED  (Specify)  (Specify)	S. DATE OF MITH 2. AGE last birtbday If under 1 year If under 24 hrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. DRTHILAGE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IS U.S. ARNED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (ill yes, give war or dates of	17. INFORMANT AND, ADDRESS
( service)	Wm. J. Schuel - Waleterville
18. MEDICAL CE	INTERAC BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY PADINS TO DEATH	ONRET AND DEATH
759 Immediate cause (a)	Maris as mallipel
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	neumothoras, At consintal)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work Atwork	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 12/21/5	5, 19, to 12/28, 19.55, that I last saw the deceased
alive on 7 38 ., 19 and that death occurred at 7 (Degree or title)	ADDRESS DATE SIENED
County ixamolers on 40 92	6 M. Division St set strong 12/24/3
23. BURAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (SOCHE) /2/29/55 June Ce	RY OR GREMATORY LOCATION (City, town, or county) (Seete)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. D. A. J.	24. FUNERAL DIRECTOR AUDRESS
- 12 27 00 mary w. Noces way	The House there fatherly

S'ACTORIA

this

72 hours after death. After director, the third copy of

certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12521

12538

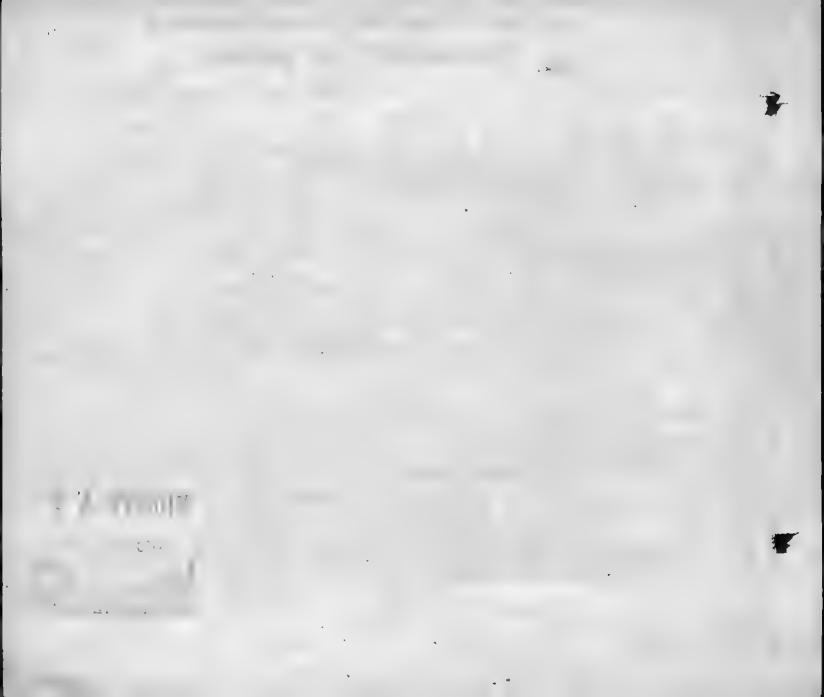
### CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH		2. USUAL RESIDE	CE (HOME) OF DECEA	SED
COUNTY WICO MARY	LAND	STATE DAHRIO	LAN L COUNTY W."	10 NI 11 N
CITY (If outside corporate limits, write RURAL LENGTH	OF STAY	CITY (If outside corp.	rate limits, write RURAL and give	neerest fown)
	s plece) NVS	OR TOWN R D	chies	
HOSPITAL OR	W	STREET	(II rural give locati	on)
INSTITUTION OR PHINSULA GENERALT	Acc State	ADDRESS TO	Moulinot	D.W.
3. NAME OF (First) (Moddla)	16211111	(Lest)	ine or dought	77 014.
DECEASED IN	<11 m	I V	4. DATE \ (Month)	(Day) (Year)
1/1/CILLIS BUTINSTRI	3 heR	SIGNN SK.	DEATH DUCK	MDER 7 1955
RACE WIDOWED, DIVORCED,	8. DATE OF		44 14	DER 1 YEAR   IF UNDER 24 HRS.
MALE White Specify Married		10.1886	69 угз.	is John Inni.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, aven if OR INDUSTRY	ESS	TT. BIRTHPLACE (State or fora	gn country)	12. CITIZEN OF WHAT
"Uttdoor Advertiser Advertises	rs	Kansas		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Samuel Sheridan		Mary Mell	inger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO.	17. INFORMANT &	ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service)	5567 -A	R.B.Sheri	dan, Jr. Same	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		TIFICATION	,	INTERVAL BETWEEN
420. IMMEDIATE CAUSE (A) CTONEST	1 are	tery / ler	outoric	ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO	+	dVI	0 -	
DISEASES OR CONDITIONS, IF ANY, (B)	11/11	Cartiery.	OCCEPTUL.	
STATING UNDERLYING CAUSE LAST. DUE TO	( )			
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	ON			20. AUTOPSY?
				YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, lector OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., a (IF EITHER, NOTIFY MEDICAL EXAMINER)		Ic. WHERE DID INJURY OCCU	R? (City or town) (C	County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OC		III. HOW DID INJURY OCCU	R?	
	Hot while I		7	
22. I hereby certify that I attended the deceased frem.	Lec, 5	195 3 , 10/02	ec 7 1955 the	it I last saw the deceased
alive on 192 5 and that death	n occurred at:	429 P.M. from the	causes and on the date st	
SIGNATURE.			RESS (Street, city, town, steta)	DATE SIGNED
X and I believe	M.D.	talestre	M Tigel . The	11: 4/950
25. BURIAL, CREMATION, DATE THEREOF NAME OF	F CEMETERY OR C	CREMATORY	LOCATION (City, town, or co	
	mico Memo	orial Park	Salisbury, Ma	ryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
Water 6 1 3 1900 Mary Mr. Halls	eway.	The Hill & Joh	mson Co. Salis	bury, Md.

normay T. Baker

S A CTITION



MISTRUCTIONS

ATTENDING PHOSICIAN

### CERTIFICATE OF DEATH 12540

Reg. Dist. No... ...3.3

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Wicomico	MARYLAND	STATE Marvlan	county	Wicomico	
C.TY (if outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If oulside carporate limits, write RURAL and give necrest town)			
OR end give neerest town   Salisbury	(in this plece)	TOWN Salis	hure		4
HOSPITAL OR	1 = 44	STREET		ve location)	1 2 2
STREET ADDRESS Pine Bluff Rd.		ADDRESS			/
3. NAME OF (first)	(Middle)	(Lest) X21116	Bluff Rd.	nth) (Dey)	(Year)
HEXEXALU			OF	uni (na)i	(1601)
THEORDELII V		AYLOR	DEATH ]	2 30	19 55
S. SEX 6. COLOR OR 7. SINGLE, 7. RACE WIDOWE	D. DIVORCED.	OF BIRTH	9. AGE fest birthdey	Months   Days	Hours I Min.
Female White (Specify)	Married Nov.l	9,1887	68 yrs	Monins Days	FIGURE WITH,
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even #	OR INDUSTRY	II. BIRTHPLACE (State or fore	ign country)		EN OF WHAT
At 65 mm mm m m	Own Home	Pa.		บร	ΛIKTΓ Λ
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1 0,0	n 23
Jacob Rau		C 11			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Sophia H			
lyes, no, or unk.) Iff Yes, give wer or detes of service)					
no none	None	Mr. O.C.	Taylor, Sa	me	
"I DISEASES OR CONDITIONS DIRECTLY LEADING TO D	18. MEDICAL CE	ERTIFICATION			ERVAL BETWEEN
IMMEDIATE CAUSE (A)	notostalio (1	D Lunes		6	mos.
0110.00	6	1			
DISEASES OR CONDITIONS, IF ANY, (B)	reun led.	eureanine	ne	1	マイパー
GIVING RISE TO THE ABOVE CAUSE DUE TO					
(C)					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FIND	INGS OF OPERATION			2	O. AUTOPSY?
				YES	
216. ACCIDENT WAS UNDERLYING 216 PLACE OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, fectory, treet, office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	2 le. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCU	R?		
M.	et work et work				
22. I hereby certify that I attended the	deceased from	19 F/S K 10 1) 4.	13/,195	S that I last sa	w the deceased
10/20 .8	and that death occurred	1176			
SIGNATURE 0	1 The state of the		causes and on the RESS (Street, city, low		ve. Da <b>te s</b> igned
Talleamy pay	ulo M.D.	AUL	hues ill	12 29	/d.
23. BURIAL, CREMATION,   DATE THEREOF	NAME OF CEMETERY O	OR CREMATORY	LOCATION (City, tow	m. or county)	, (State)
REMOVAL (SPECIFY)					, (3.010)
Burial 1/4/56  24. REC'D BY REGISTRAR REGISTRAR'S SIGNA		morial Park    25. FUNERAL DIRECTOR'S	Salisbury,	Maryland	
had a significant to the signifi	NN 00			ADDRES:	
DATE //lary o	r. palloway	The Hill & J	ohnson Co.	Salisbury	, Md.
	10	Non	and of R	raiser	
		1,000	THE WAY		

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BUREAU V. S.

SICIAN OR MOSPITAL: The law requires that the death certificate be executed within

The bottom comy may be matained by the limspital or attending physician.

ATTENDING PA

A15C 1-55 10M

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# TO FUNE ALL DIRECTOR: The law requires that the death mrifical be filed with the registrar within 7.2 hours after death. After this certifical has been executed by the allending playsician and commetted filled in by the funeral director, the third comy of this death certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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	Negi Pisto Hee dames and d
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Bicomico
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR
JOWN Salisbury	TOWN Delmar
HOSPITAL OR	STREET (If rurel give location)
STREET ADDRESS Peninsula Gen. Hospital	ADDRESS Elizabeth
3. NAME OF (First) , Middle)	(Lest) 4. DATE [Month] (Day) (Year)
DECEASED (Type or Pool)  Transcrt	OF
5. SEX 6. COLOR OR 7. SINOTE, WARRED. 8. DATE OF	TOT 100
RACE WIDOWED, DIVORGED,	Months Days House Min
	17,1887   68 yrs.
done during most of working life, even if OR INDUSTRY	11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retifed Bridge Tender Railroad	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Taylor	March D.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Noami Ross
(Yes, no, or unk.) (If Yes, give wer or dates of service)	
NO 716-01-7180 18. MEDICAL CERT	Wm. E. Taylor, Salisbury, Wd.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
: IMMEDIATE CAUSE (A) Estenduro (	usbro-Vascular accident
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) Try Herler	Leve C.V. D.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21s. ACCIDENT WAS UNDERLYING []   21b PLACE (Home, ferm, factory,     21	YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	lc. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED 2	HI, HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from LILIO	1955 to /2-2/ 19 55 that I last saw the deceased
alive on 12-21 1957 and that death occurred at	6:3/M from the causes and on the date stated above
BIGNATURE A	ADDRESS (Street, city, town, stele) DATE SIGNED
21/2/3 Smuth MO. R	7-2 Sal har 12-21/15
	LOCATION (City Jown, or county) (State)
Burial 12-24-55 Mt Olive	Delmar. Delaware
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE /	Delmar, Delaware    Delmar, Delaware   Delmar, Delaware
Dire Manust Hollowers	EW20 1 00 100
inverse. memoring	11.8 11 Const (L'- Le & mer uid



BUREAU V. Sy

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1. PLACE OF DEATH

death.

STRUCTIONS

physician.

or attending

by the hospital

be retained

May

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Reg. Dist. No.....

2. USUAL RESIDENCE (HOME) OF DECEASED

əfter t et Wicomico Wicomico COUNTY Maryland COUNTY MARYLAND hours (If outside corporate limits, write RURAL (If outside corporete limits, write RURAL and give nearest town) LENGTH OF STAY ector. (în this piace) end give nearest town) TOWN TOWN Quantico life Quantico N ÷ (If rural give location) HOSPITAL OR STREET N ADDRESS INSTITUTION OR within STREET ADDRESS At home -Quantico Box 206 (Day) DATE (Month) (Year) (Eurst) (Middle) (Lust) 3. NAME OF DECEASED OF registrar DEATH the (Type or Print) Joshua Handy Taylor 55 19 COLOR OR IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday þ RACE WIDOWED, DIVORCED 72 (Specify) Married Male the the .⊆ 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT with filled done during most of working life, even if OR INDUSTRY COUNTRY? Fired Steam Mill Quantico, Wicomico Co., Md USA Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME letely Mary Cottman Joshua H. Taylor compl 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO death certificate (If Yes, give war or dates of service) (Yes, go, or unk.) Octavia Taylor, Quantico, Md. 217-05-437] INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician 26 IMMEDIATE CAUSE USB DUE TO ANTECEDENT CAUSE(S) requires that the attending p DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO detached (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 20, AUTOPSY 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION The law YES NO placks 21. ACCIDENT WAS UNDERLYING IT 21c. WHERE DID INJURY OCCUR? (City or lown) (Steta) 21b. PLACE (Home, farm, Jectory, (County) executed OR CONTRIBUTING TO CAUSE OF DEATH OF INJURY street, office bidg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) TO FUNERAL DIRECTOR: 21e. INJURY OCCURRED 216. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While Not while at work at work been 12 = 11 19 55 that I last saw the deceased 19.54.710 22. I hereby certify that I attended the deceased from...... th certificate a M, from the causes and on the date stated above alive on.... and that death occurred at... has ADDRESS (Streat, city, town, state) certificate M.D. death NAME OF CEMETERY OR CREMATORY (LOCATION (City, town, or county) (Stote) 23. BURIAL, CREMATION, DATE-THEREO A15C REMOVAL (SPECIFY) Burial Quantico Cemetery 12-24-55 REGISTRAR'S SIGNATURE Quentico. Wicomico Co. Md. 24. REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE 44 11 00

Z .V UAFRIIG

INIESEUM!

DATE REC'D BY LOCAL

(Year)

1955

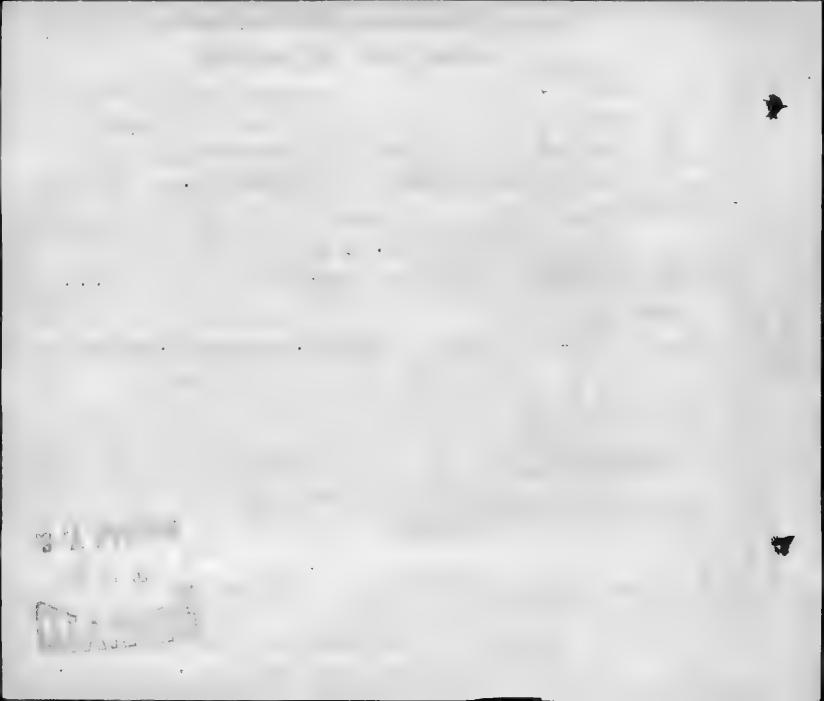
NO X

State

ODRESS

(State)

\$ 10 00 00 00 00 E



certificate be executed within

NSTRUCTIONS

The bottom copy may be retained by the hospital or effending physician.

ATTENDING PHISICIAN OR HOSPITAL

12528

Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico	MARYLAND	STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give neerest lown) OR
OR end give neerest town) TOWN Salisbury	(in this place) 20 yrs.	TOWN Salisbury
HOSPITAL OR INSTITUTION OR		STREET (If rural give location) ADORESS
STREET ADDRESS Peninsula Genera	al Hospital	157 Delaware Ave.
3. NAME OF (First) DECEASED	(Middla)	(Lest) 4. DATE (Month) (Day) (Year)
40 6.1.4	ristopher Wai	nwright   OF   12 - 28 - 19 55
5. SEX 6. CO.OR OR 7. SINGLE, MAI WIDOWED,	RRIED, 8. DATE C	
Male A.A. (Specify) Ma	arried 6-5	-1891 64 yrs 6 23 Hours Min.
	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	or industry	White Haven, Wicomico Co.Md. USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Noah Wainwrig	ght	Annie Long
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Salisbury, Marylan
(Yas, no, or unk.) (If Yes, give war or dates of service)	212-07-8482	Mrs. Laura Wainwright, 157 Del. Ave.
	18. MEDICAL CER	TEFICATION INTERVAL BEIWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	1 Do 12	ONSET AND DEATH
/IMMEDIATE CAUSE (A)	Mesure	voeau Tavure.
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Altorios	Als whip Torrest bles end
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	7	A LIVE TO THE PARTY OF THE PART
(C)	rlerio 26	leins + typuleusnis
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH,		
19a. DATE OF OPERATION 19b, MAJOR FINDING	S OF OPERATION	2D. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH   OF INJURY street	ome, farm, factory, t, office bldg., atc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   21	a. INJURY OCCURRED I	21f. HOW DID INJURY OCCUR?
W	hile Not while work at work	EII. HOTE DID HADAY OCCURY
	111801	Lusse Allen X. 15
22. I hereby certify that Lattended the dec		, 19.3.3, to, to, 1933., that I last saw the deceased
alive onA. L.C	nd that death occurred at.	
10 ALL 3 (1 11 -		2 3/1 8/ 4/2000 0/ 6/30/05
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY   LOCATION (City, town, or county) (Shale)
REMOVAL (SPECIFY) Burial 1-1-56	White Hame	Notes Homes Misses as as
24. REC'D BY REGISTRAK') REGISTRAK'S SIGNATU	White Haven	25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE ILA Mary It	200	3 de 1 2 71 any a Stewart of my
UNIE TOUCH OF	and the state of	H. t. Thewest Tuneral Stories, Dalutury, Md.

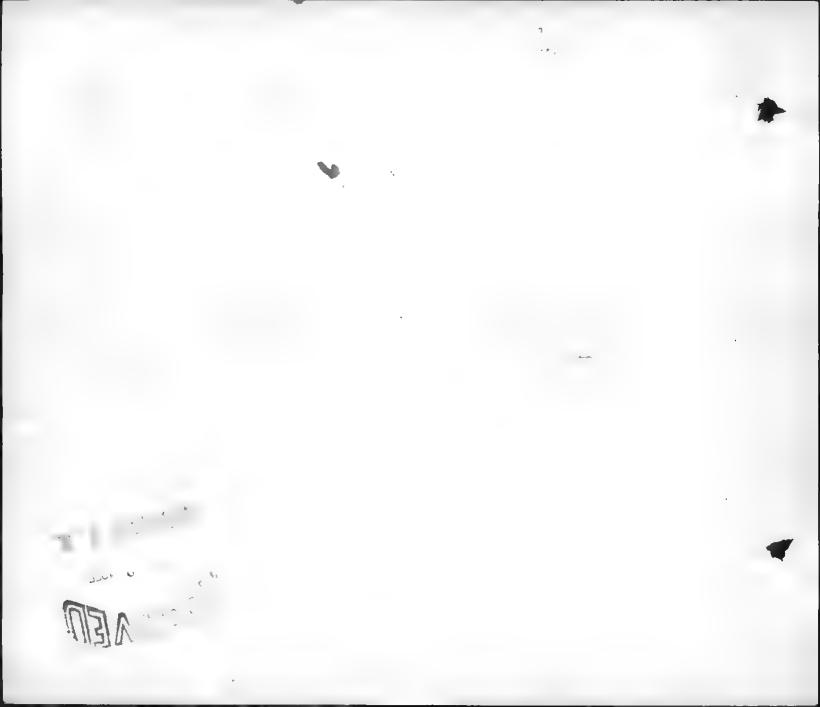
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New +---

1.0

d		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
The The		DR. Gilmone 12545 CERTIFICATE OF DEATH Reg. Dist. No. 382
Carefully	legibly.	1. PLACE OF DEATH:  COUNTY WILLOWIED MARYLAND STATE PRUMARY COUNTY WIRES TER
nformation		CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town)  TOWN HOSPITAL OR INSTITUTION OR  INSTITUTION OR  ADDRESS  CITY (If outside outporate limits, write RURAL and give nearest town) OR TOWN  STREET ADDRESS  (If rural give location)
Ni S	clearly	3. NAME OF (First) (Middle) (Last) (4. DATE (Month) (Day) (Year)
item of	death	DECEASED: (Type or Print) MA A SUBSTANCE BY DATE OF BIRTH:    DEATH:   Celyplus 8-195.5-   S. SEX:   S. COLOR OR 7, SINGLE. HARRISO.   S. DATE OF BIRTH:   9. AGE last birthday IF UNDER I VEAR IF UNDER 20 MAR.
G avary its		RACE: WIDOWER DIVORCED   WIDOWER
3	, °	even if retired): HOUSE KNORK ATHUME !! ARY HAND USA=  13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:
A V	4	19. WAS DECEASED EVER IN U.S. ARMED FOREST 16 SOCIAL SECURITY NO 17. INFORMATION DODGES
FOR TAKE	se	(Yes, no, or ink.) (If Yes, give war or lates  MR JOHN NLING Neglew Feltow  18. MEDICAL CERTIFICATION  19. MEDICAL CERTIFICATION
MARGIN RESERVED	ld :	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  331 XIMMEDIATE CAUSE (A) Levely Lesculer accident 20 min.
RESE	ician	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,  (B)  DENDVAL ATTECHNO Cherry  Chilemann
RGIN	Phy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)
MAE	× E	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
M	4	19A, DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
DI GALLAN		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)
	est s	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work
90	1 a	22. I hereby certify that I attended the deceased from /// 20/, 1955, to ./2/8/., 1955, that I last saw the deceased alive on
		Signature Silver M.D. Salesbury Ref. Dec 8 1953
E .	COL	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION COUNTY) (State)  REMOVAL (SPECIFY)  DORIAL DEC 1-955 AARPSIDE PM-TIERY  LOCATION DEC 1-955 AARPSIDE PM-TIERY
	ч	REGISTRAY - 55- Mary W. Nolloward W. A. TORDERT - DOVER DEL.



maistra within 12 hours also death. After this by the funeral director, the third comy of this

<u>.</u>...

TO FULL RAL DIRECTOR: The law imprires that death certifical be filed with certifical has been executed by the attending physician and complitely filled death certifical assembly shows to detail of the use as a limital transit mentil.

The bottom copy may be retained by the haspital or attending physician.

HHYSICIAN

after death.

executed within

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 12546 CERTIFICATE OF DEATH

12530

			Reg. Dist	. No
I. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECEASES	>
COUNTY WICOMICS	MARYLAND	STATE MARJ	LANCE COUNTY LOGA	'essTip
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside to	rporate limits, write RURAL and give near	
OR end give neerest town)	(in this piece)	OR TOWN	BERLIN	is p
HOSPITAL OR		STREET	(il rural give location)	w - 2 4
INSTITUTION OR STREET ADDRESS PRINCE IN INSTITUTE ADDRESS	enal HOSPITAL	ADDRESS B	RUAN AVENUE	_ /
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
DECEASED (Type or Print)		111.1.1.	DEATH /	
	0000	Wilde	1 DECKNOST	2 3 1953
RACE WIDOWED,	ARRIED, 8. DATE DIVORCED,	OF BIRTH	9. AGE lest birthdey   IF UNDER	
(Specify)	'emboen		yrs, Months	Days Hours Min
	KIND OF BUSINESS	II. BIRTHPLACE (Stelle or fo		CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	/>-	1	COUNTRY?
). FATHER'S NAME		manyla	na	W. 3. A
J. PATHER S NAME		14. MOTHER'S MAIDE	N NAME	,
Hugh Frad	Lenich Will	da Patric	1A Elipohot	h C nobles
S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS	71 -11 1120
(Yes, no, or unk.) (If Yes, give War or dates of service)			0	1
	18. MEDICAL CE			
J DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	TH TO. MEDICAL CE	RIFICATION		ONSET AND DEATH
Mrs. Pausense aus	Room	F. O.		
1/35 EMMEDIATE CAUSE (A)	1) Colsulation	1 / and	20	
ANTECEDENT CAUSE(S) DUE TO	P			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	1 manazu	ruy		
STATING UNDERLYING CAUSE LAST, DUE TO		1		
(C)				
TO THE SECULIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
98. DATE OF OPERATION 196 MAJOR FINDIN	GS OF OPERATION			20. AUTOF Y
				YES 🗗 🗯 16
OR CONTRIBUTING 🗌 CAUSE OF DEATH 🕴 OF INJURY site	iome, farm, fectory, et, office bidg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town) (Coun	ly) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)   21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e. INJURY OCCURRED	2H. HOW DID INJURY OC	CHO 2	
	While _ Not while _	20. NOW DID INJURY OC	CORF	
M.   e	et work L			
		195 S 10	12/3 19 5 that 1	last saw the decease
22. I hereby certify that I attended the de	ceased from 12/3	A		
22. I hereby certify that I attended the de alive on 12, 2, 19, 5, 5	ceased from 12/3	at $A_{i}$ M, from the	e causes and on the date state	d above.
22. I hereby certify that I attended the de	and that death occurred a	at $A_{i}$ M, from the		d above.
22. I hereby certify that I attended the de alive on 12/3, 19.55, signature	and that death occurred a	And Crabe	causes and on the date state.  DRESS (Street, city, town, stele)	
22. I hereby certify that I attended the de alive on 12, 2, 19, 5, 5	and that death occurred a	And Crabe	e causes and on the date state	d above.
22. I hereby certify that I attended the de alive on 12 3 19 5 5 , signature  23. BURIAL, CREMATION, I DATE THEREOF	and that death occurred a	And Crabe	causes and on the date state.  DRESS (Street, city, town, stele)	DATE SIGNE
22. I hereby certify that I attended the de alive on 12 3 19 5 5 , signature  23. BURIAL, CREMATION, I DATE THEREOF	and that death occurred a M.D. NAME OF CEMETERY OF	And Crabe	causes and on the date state  DRESS (Street, city, town, stele)  LOCATION (City, town, or county,	DATE SIGNE



MARG	
MA	
5	

	e l	maryland state departmen 12554 CERTIFICATE	2.4001	7
*	tion carefully and legibly.	1. PLACE OF DEATH:  COUNTY Wirmico MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  TOWN Readla Harrings - Rural /7 years	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE Waryland COUNTY Weconico  CITYIII outside corporate limits, write RURAL and give near  OR  TOWN Kardela Springs Kural	rest town)
A15 - 10 - 53 MARGIN RESERVED FOR BINDING	LAINLY, WITH UNFADING INK. Supply every item of informary importunt. Physicians: please write the causes of death clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS DAN DOMINGS  3. NAME OF (Piret) (Middle) DECEASED: (Type or Print)  5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. RACE: (Specify): Manuel Reptival	TOWN Mardels Gring Runal  STREET ADDRESS Sun Domingo  (Last)  4. DATE (Month) (Day) (1)  DEATH. Scender 6 1:  OF BIRTH: 9. AGE last birthday In under I year In Under  10. BIRTHPLACE (State or foreign country): 12. CITIZEN O COUNTRY!  Louth Carlina  14. MOTHER'S MAIDEN NAME:  Serella Abbinson  17. INFORMANT & ADDRESS.  Julius 3. Hill, 2416 H. Mytlewood St., Phila  INTERVAL ONSET AN  Lory, 21C. WHERE DID (City or town) (County)  12. COUNTRY!  20. AU  YES  12. AU  YES  13. BIRTHPLACE (State or foreign country): 12. CITIZEN O  COUNTRY!  14. MOTHER'S MAIDEN NAME:  Serella Abbinson  17. INFORMANT & ADDRESS.  Julius 3. Hill, 2416 H. Mytlewood St., Phila  INTERVAL ONSET AN  INTERVAL ONSET AN  18. COUNTRY  20. AU  YES  18. July 3. Au  THE SIGNED  DATE SIGNED  CHARLEL S. Au  LOCATION (City, town, or county)  ERY OR CREMATORY LOCATION (City, town, or county)	Min.  F WHAT  SETWEEN  D DEATH  TOPSY?  NO  State)  deceased
\(\frac{1}{2}\)	Ъ	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, REGISTRARY - 35 Mary W. Holloway	24. FUNERAL DIRECTOR ADDRESS. J. Framptom and Son, Federalsburg, M.	d.

BUREAU V. S.

after death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12532

Reg. Dist. No.

### CERTIFICATE OF DEATH 12555

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ( ) SCOMMENT MARYLAND	STATE MA COUNTY // MORNING
CITY (If outside corporate limits, write RURAL / LENGTH OF STAY	CITY (If outside sorporate limits, write RURAL and give riterest town)
OR and give nearest town fin this place!	OR TOWN
HOSPITAL OR JANUARY	STREET (If rural give location)
INSTITUTION OR	ADDRESS /
STREET ADDRESS'	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	1120 01 DEATH / DC. 2/1 1955
5. SEX.   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF	BIRTH 9. AGE last birthday   IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED DIVORCED. Specify	9-186/ 7/1 yrs. Morths Brys. Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b, KIND QF BUSINESS   1	11. AIRTHPLACE (Stete of foreign country) / 12. CITIZEN OF WHAT
10b. USUAL OCCUPATION (Give kind of work done during most of working life even it of INDUSTRY	GIA - FINA SOUNTRY?-
want of a	Marunope, Mail U.J.
13. FATHER'S NAME A DE STATE OF THE STATE OF	14. MOTHER'S MAIDEN NAME
with Willing	Merigia William 1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	"17 INFORMANT & ADDRESS 1. 11 ON STATILLED
(Yes, no, or unk.) (Of Yes, give wer or dates of service)	Howard Willing Inds
18. MEDICAL CERT	TIFICATION NIERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) COLITE COTO)	rasy Collision 24 hours
ANTECEDENT CAUSE(S) DUE TO	1 + 11 + N
DISEASES OR CONDITIONS, IF ANY, (B) SUPPLY OF SUPERIOR USE U	3 Chiti De Handre Han ( Allegor 3 from)
STATING UNDERLYING CAUSE LAST, DUE TO	V
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
178, MAIOR PINDINGS OF OPERATION	YES NO N
210. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, form, factory,	ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	
21d. TIME OF INJURY [Month] (Day) [Year] (Hour)   21s. INJURY OCCURRED   2	II. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from 31. Maria	19.51, to 2:1 12cm, 19.52, that I last saw the deceased
alive on a 19.00, and that death occurred at.	ADDRESS (Street, sity, town, state)  DATE SIGNED
1) 1 3 3 3 1 1 1	n = 1 1 1/16
23. BURIAL CREMATION,   DATE THEREOF   NAME OF CEMETERY OR C	CREMATORY LOCATION (City, lown, or couply) (State)
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	D: 16 90 1
Burel 12/26/50 Willing	Tuttle am / policipe, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	AB) FUNERAL DIRECTOR'S SIGNATURE ADDRESS
ATTE William W. William All 1	moline II Waruch Dunkol Md.

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

A15C 1-55 10M

X

# PARTY CERTIFICATE OF DEATH

BUREAU V. E.

SS61 98 0%.

# oth cartificate be ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the cl. The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within Z2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 12547 CERTIFICATE OF DEATH

12598

		Re	g. Dist. No	
1, PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DE	CEASED	
COUNTY NICO MICO	MARYLAND	STATE DELITURE COUNTY		
CITY (Il outsida corporate limits, write RURAL OR and give neerest town)	LENGTH OF STAY	CITY (If outside corporete limits, write RURAL en OR	id give nearest town)	
12 TOWN SALISBURY		TOWN DELMAR.	H. K. B.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PENINSULA GE	NERAL Hosn	STREET ADDRESS 204 NO2NA.	Street. V	
Type or Print) wood traublin	Middle) Maniel	(Lest)  4. DATE (Mont OF DEATH DO	BEENIDER 1955	
5. SEX 6. COLOR OR 7. SINGLE MARRI WIDOWED, DIV (Specify)	ORCED, 8. DATE	29-53- 9. AGE lest birthdey yrs.	Months Deys Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10e. USUAL OCCUPATION (Give kind of work of the work of the working life, even if or retired)	D OF BUSINESS	11. BIRTHPLACE (State or loreign country)  Maryland	12. CITIZEN OF WHAT	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0	
JAMOS Thomas WOLF	6	Rebecca KNITTER N	1 DANIEL	
(Yes no or unk)   (N Yes olve war or dates of service)	. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	
MAMEDIATE CAUSE (A)	Marie and the second of the se			
ANTECEDENT CAUSE(5) DUE TO	1/4.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	remote	rity		
21 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196, MAJOR FINDINGS	OF OPERATION		20. AUTOPSY? YES NO	
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Homior Contributing Cause of Death (If either, Notify Medical Examiner)		2fc. WHERE DID INJURY OCCUR? (City of town)	(County) (State)	
		2H. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the decer	sed from Total	4, 19 53, 10 ACC 25, 19 S.S.	, that I last saw the deceased	
alive on Ave XII 19 D. and	that death occurred a	M. from the causes and on the d	late stated above.	
SIGNATURE	Eller.D.	ADDRESS (Street, city, town	o, stoto) DATE SIGNED	
23. BURIAL CREMATION, REMOVAL (SPECIFY)  DATE THEREOF  1-2-5-6	POUR DONO	e CREMATORY LOCATION (CHy, 10Wn	bury md	
24. REC'D BY REGISTRAR  DATE 12-30-55- Mary 11)	Holloman	25, FUNERAL DIRECTOR'S SIGNATURE	slistury Md.	

SECO CERTIFICATE OF DEATH

CONTRACT NAVABLE SECTION OF TA THE TA

BUREAU V. S.

A MAL